

Name
in
Full

Sidney Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

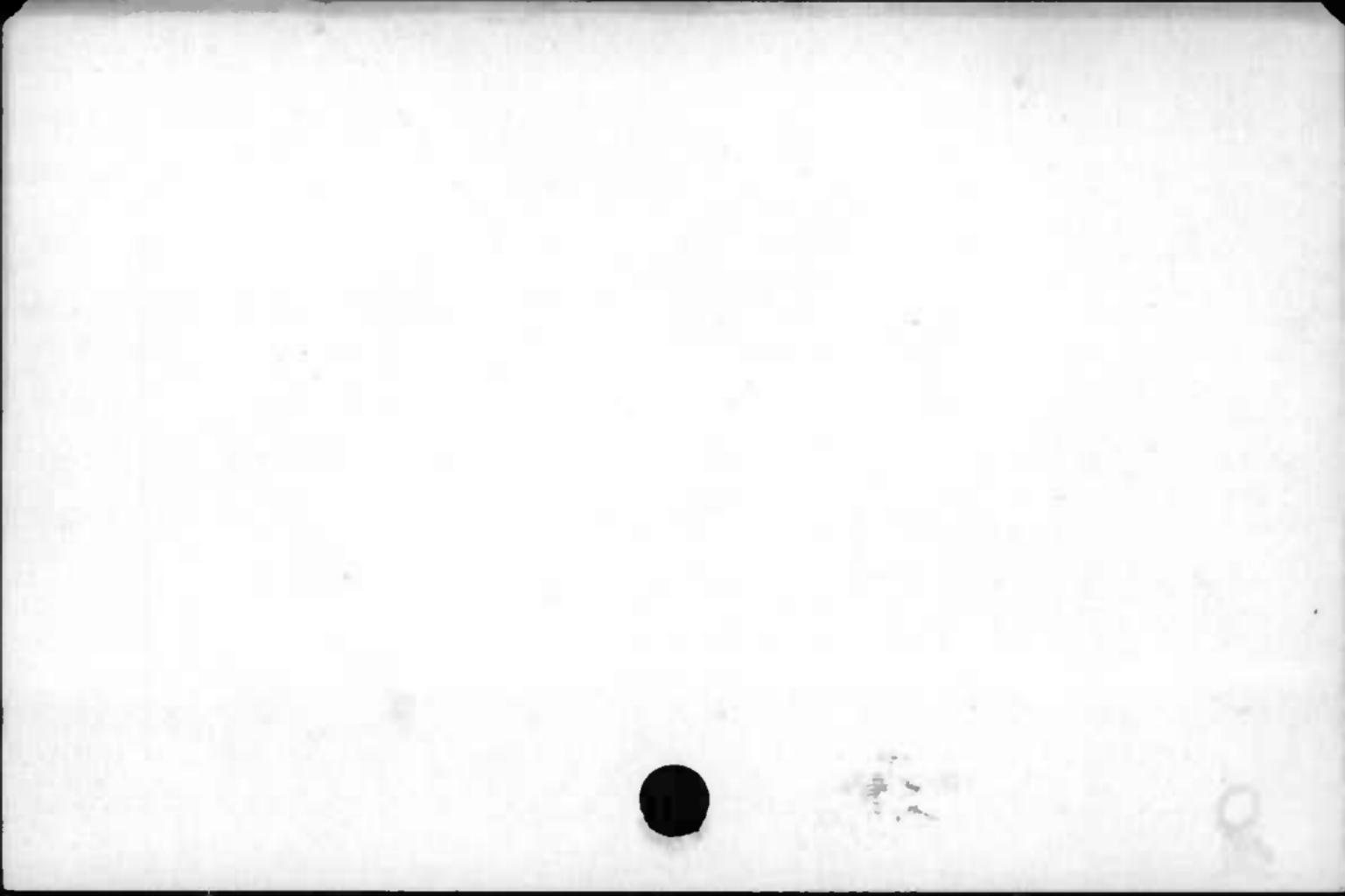
Died at	Tow Cambidge Md	County Dorchester Co	MARYLAND	
Date of death	1906	Month Oct	Day 1	Years —
Sex	White-Male	Color or Race	Age —	3 Months — Days
Occupation	Infant-	Where Residing if not at place of death Cambidge Md		
Married, Single or Widowed	—	Name of Wife or Husband	—	
Father's Name	Sidney Adams			Father's Birthplace Baltimore
Mother's Maiden Name	Oliva Moore			Mother's Birthplace Taylor Island
Name of person giving Information	Sidney Adams			How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Masarnus	(179)	How long Since birth
Immediate	Sp Launhi		How long Some weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Booker L. Brown
			Address Cambidge Md
Accident or Suicide?			





Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

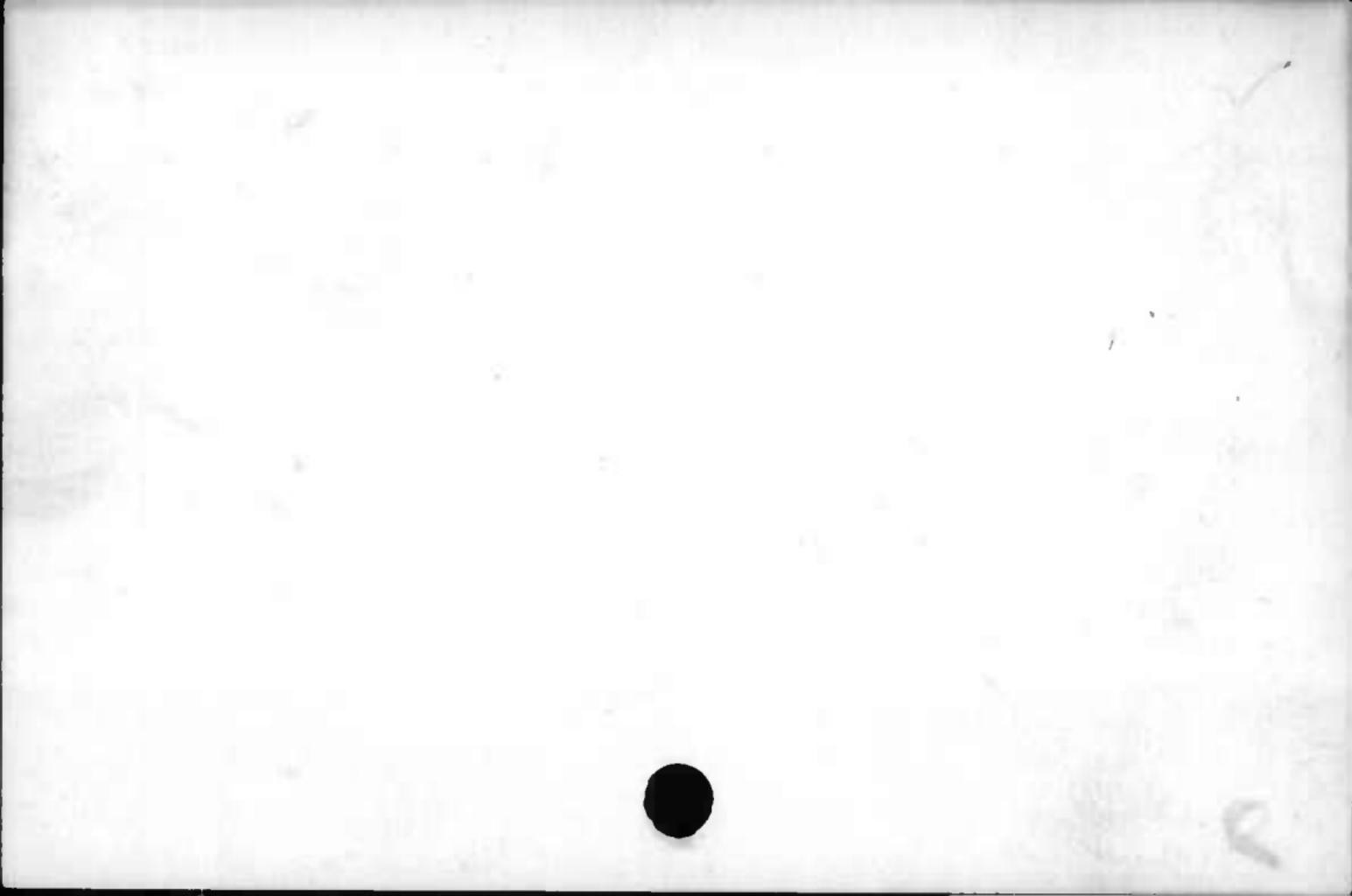
Mollie E Bladis

Died at 201-7th Avenue -		Town	County	MARYLAND		
Date of death 1906	Month 10	Day 19	Years Age 46	Months	Days	
Sex Female	Color or Race White		Birthplace Baltimore Co			
Occupation House Wife	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband John Bladis					
Father's Name Leron Bladis	Father's Birthplace Baltimore					
Mother's Maiden Name Mary E Andrew	Mother's Birthplace "					
Name of person giving information Mary E Bladis	How related to deceased					Mother

CAUSES OF DEATH

Primary Chronic Bright's Nephritis	How long don't know
Immediate Urticaria Convulsions	How long 10 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Edward L. Jones
	Address East New Market, Md
Accident or Suicide?	

Q



Name
in
Full

Frank Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge		Town Dorchester		County MARYLAND	
Date of death 1906	Month Oct.	Day 29	Years Age 60	Months —	Days —
Sex Male	Color or Race Colored	Birth- place Maryland			
Occupation Labourer	Where Residing if not at place of death Cambridge "				
Married, Single or Widowed Widower	Name of Wife or Husband Rebecca Burton				
Father's Name	Father's Birthplace				
Mother's Maiden Name Elijah Ward	Mother's Birthplace Maryland				
Name of person giving Information John W. Burton	How related to deceased Son				

CAUSES OF DEATH

Primary
Tuberculosis

(2)

How long

Immediate
Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

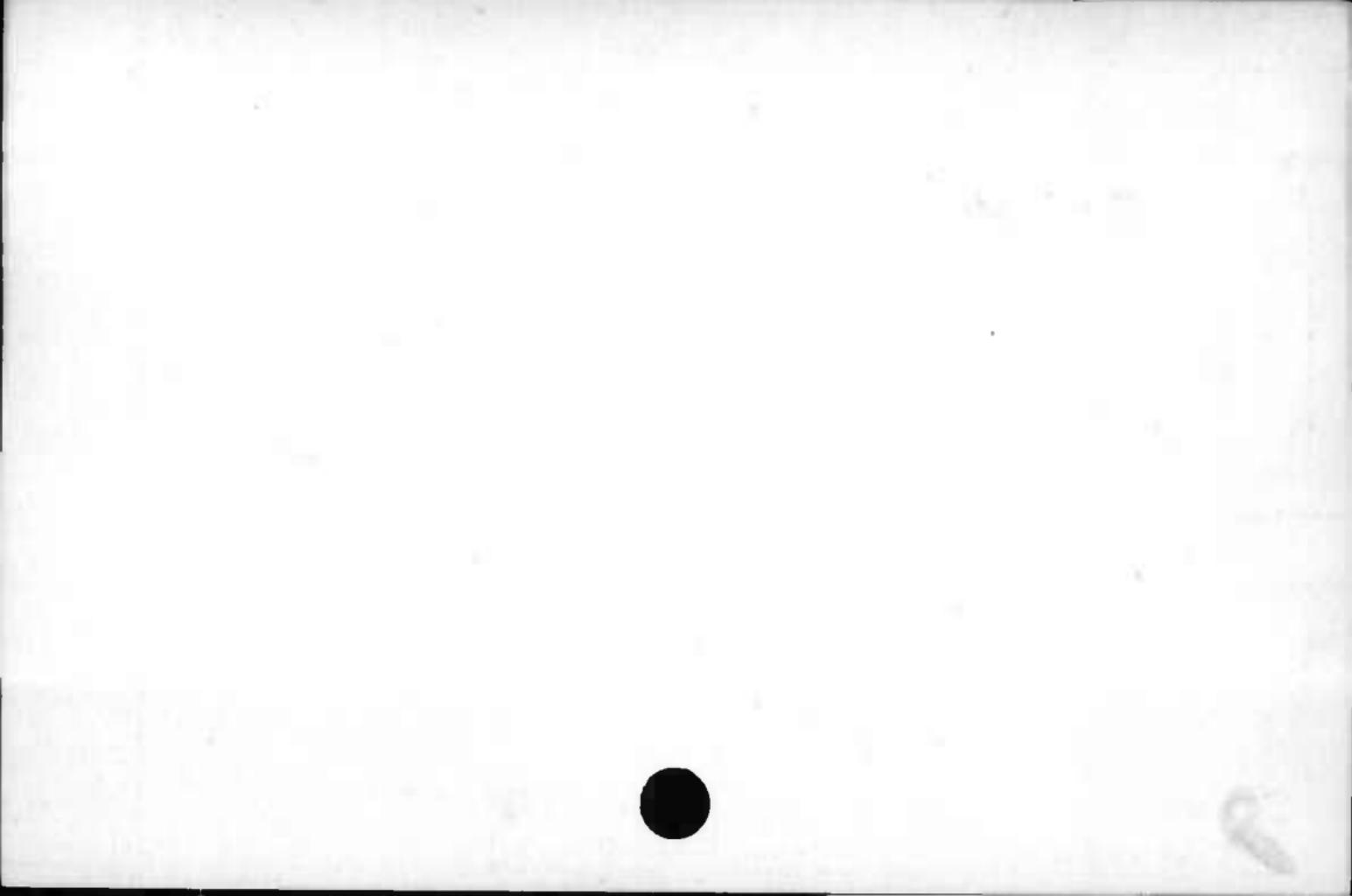
Signature of
Physician

Address

E.W. Wolff,
Cambridge, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Anna E Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 10th	Day 13th	Years 61	Months 6	Days
Sex	female	Color or Race	Color	Birth-place	Dorchester	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Thos M. Camper		Father's Birthplace 1876 Co			
Mother's Maiden Name	Maggie Corrigan		Mother's Birthplace Dor Co			
Name of person giving Information	Thos M. Camper		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum 105 How long

Immediate Cholera Infantum How long

Are the name, age, sex, color, date and place correctly given above?

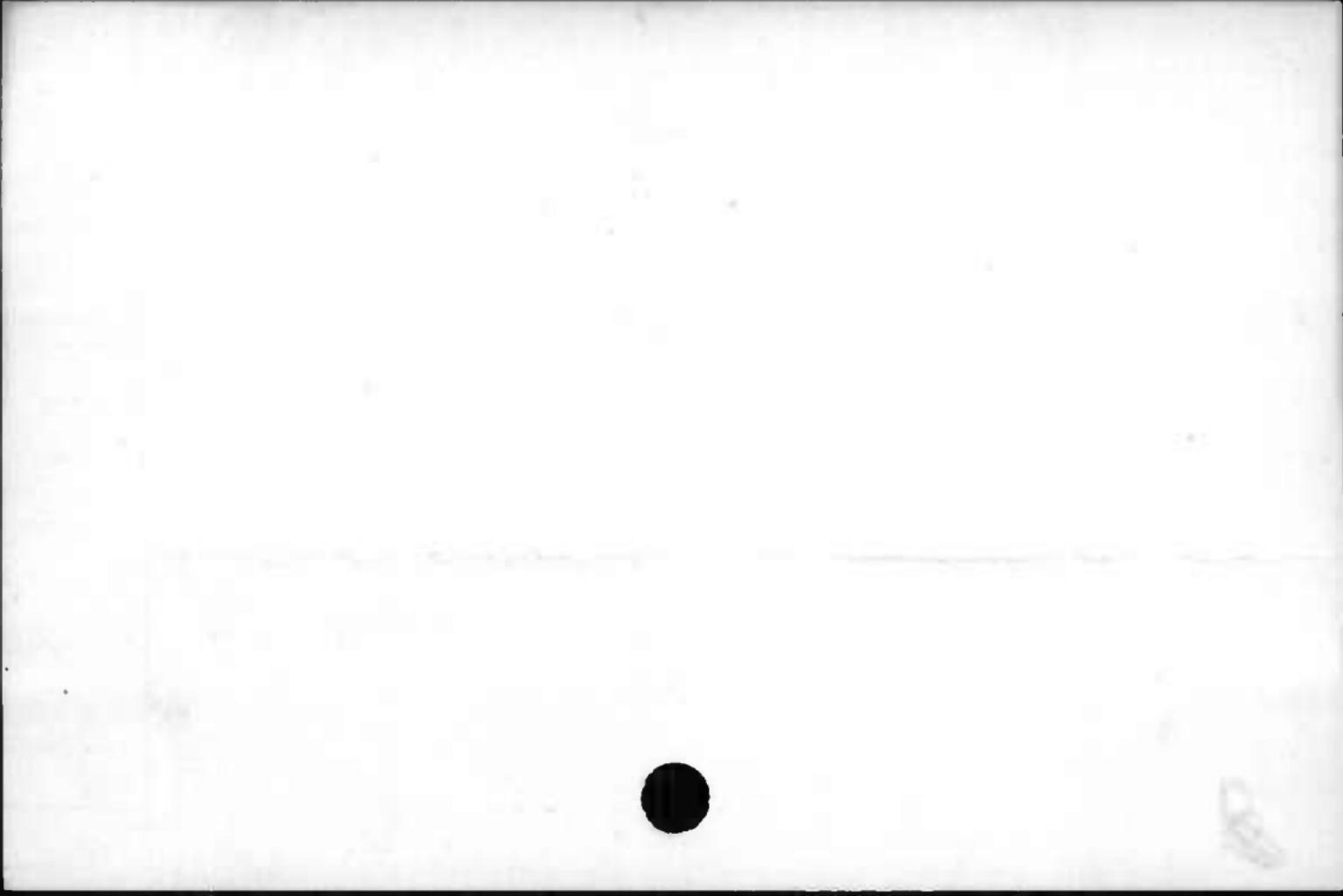
yes

Signature of Physician

Address

George Myres
Hubcock 2nd

Accident or Suicide?



Name
In
Full

Mary Camper

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Cambridge "		
Father's Name	Henry Camper			
Mother's Maiden Name	Maryland			
Name of person giving information	None			

1906 Oct. 6 82

Female Colored

Servant

Widow

John Woolcock

Pittia "

Mr. Job. Beckwith

10

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age & Valvular Heart Disease

Immediate Pneumonia (Hypostatic)

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

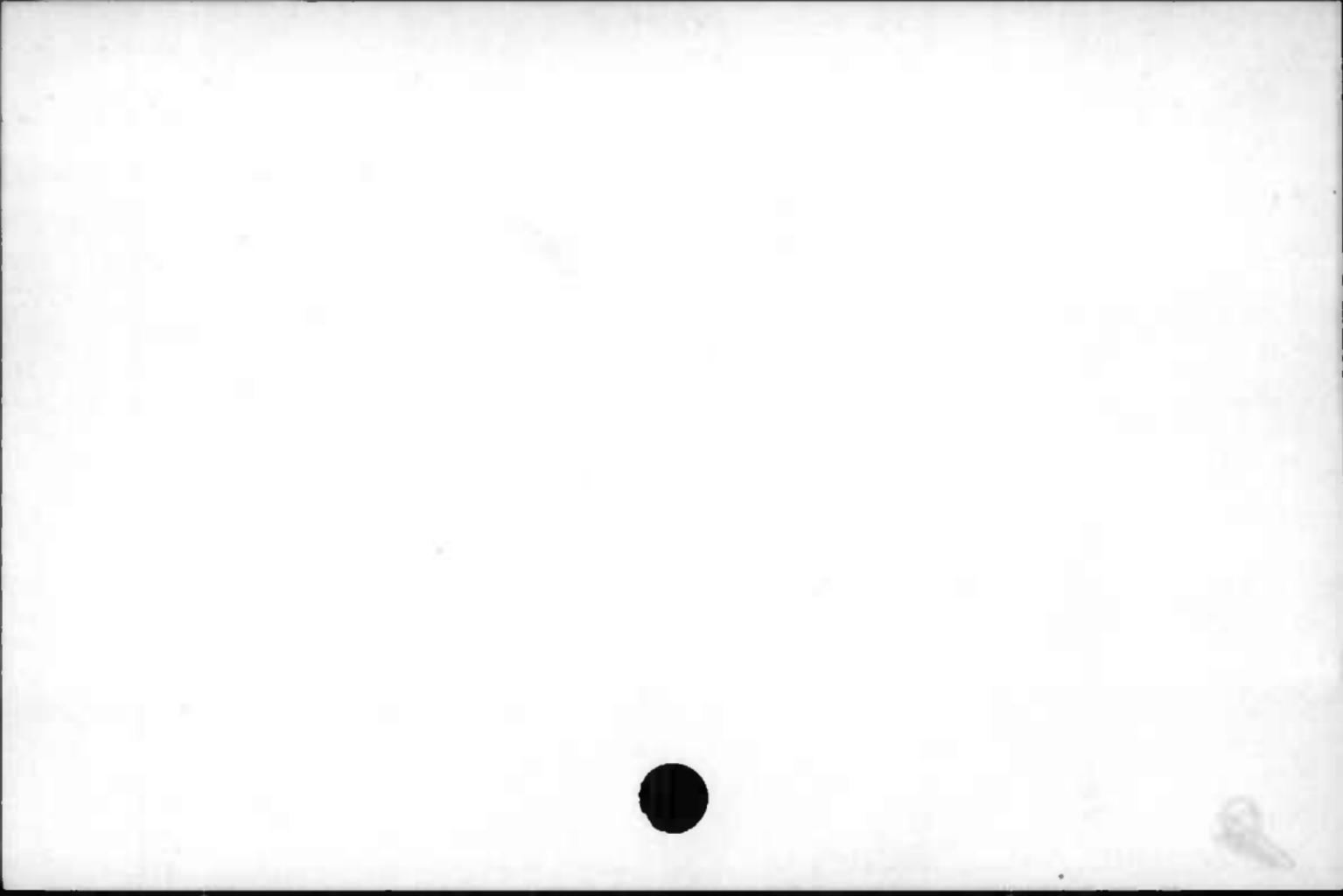
How long

How long
12 hours

Bethesda Hospital

Address
Cambridge Ma

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Shadrach Carmine			CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND
Date of death	1906	Month Oct	Day 10	Years 72	Months 4 Days
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Carpenter		Where Residing If not at place of death	Cambridge Md	
Married, Single or Widowed	Married		Name of Wife or Husband	Sarah L. Carmine	
Father's Name	Thomas Carmine		Father's Birthplace	Maryland	
Mother's Maiden Name	Martha Chilcott		Mother's Birthplace	"	
Name of person giving information	Sarah L. Carmine		How related to deceased	Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy



How long

1 hour

Immediate

Paroxysm cause Resp. center

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

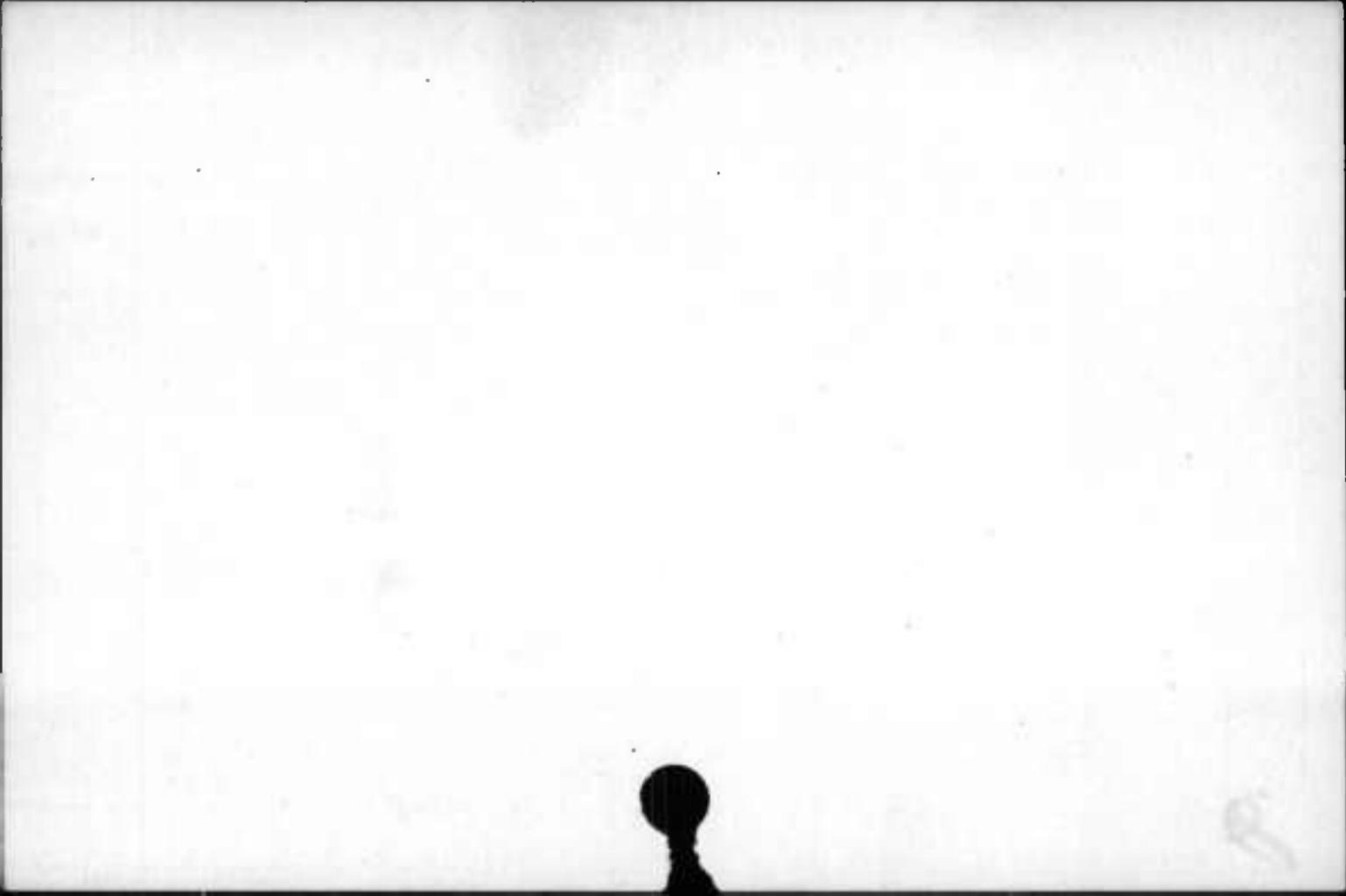
Signature of Physician

Address

Henry Steele

Cambridge Md.

Accident or Suicide?



Name
in
Full

Christopher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	October	14 th	Age 1	2	12	
Sex	Male	Color or Race	White	Birth-place	Cambridge	
Occupation	W			Where Residing if not at place of death	Larkwood	
Married, Single or Widowed	W			Name of Wife or Husband	W	
Father's Name	Melvin St Christopher			Father's Birthplace	Dorchester	
Mother's Maiden Name	Nina Christopher			Mother's Birthplace	Dorchester	
Name of person giving information	Melvin St Christopher			How related to deceased	Father	

CAUSES OF DEATH

Primary

Consumption

How long

6 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

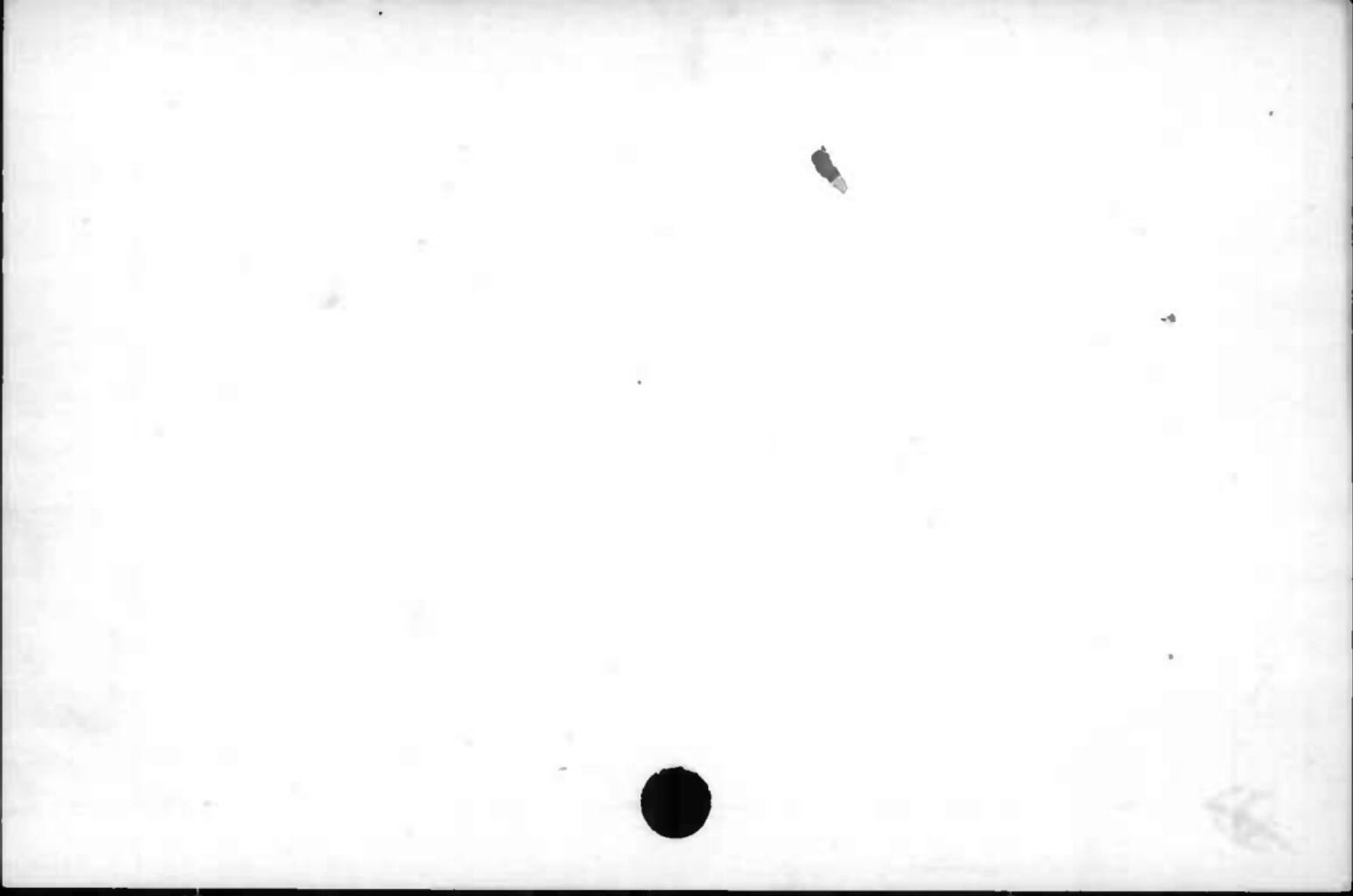
Signature of Physician

AN Venison

Address

Larkwood

Accident or Suicide?



Name
in
Full

Ellen Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Cambridge</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Octo</u>	Day <u>3^a</u>	Years	Months <u>3</u>	Days	
Sex <u>female</u>	Color or Race <u>colored</u>	Birth-place <u>Cambridge</u>				
Occupation <u></u>	Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u></u>	Name of Wife or Husband <u></u>					
Father's Name <u>Kenny High</u>			Father's Birthplace <u>Cambridge</u>			
Mother's Maiden Name <u>Bertha Cornish</u>			Mother's Birthplace <u></u>			
Name of person giving Information <u>Susan Cornish</u>			How related to deceased <u>Grand Mother</u>			

CAUSES OF DEATH

Primary

105

How long

Immediate

Cholera Infarction

How long

two weeks

Are the name, age, sex, color, date and place correctly given above?

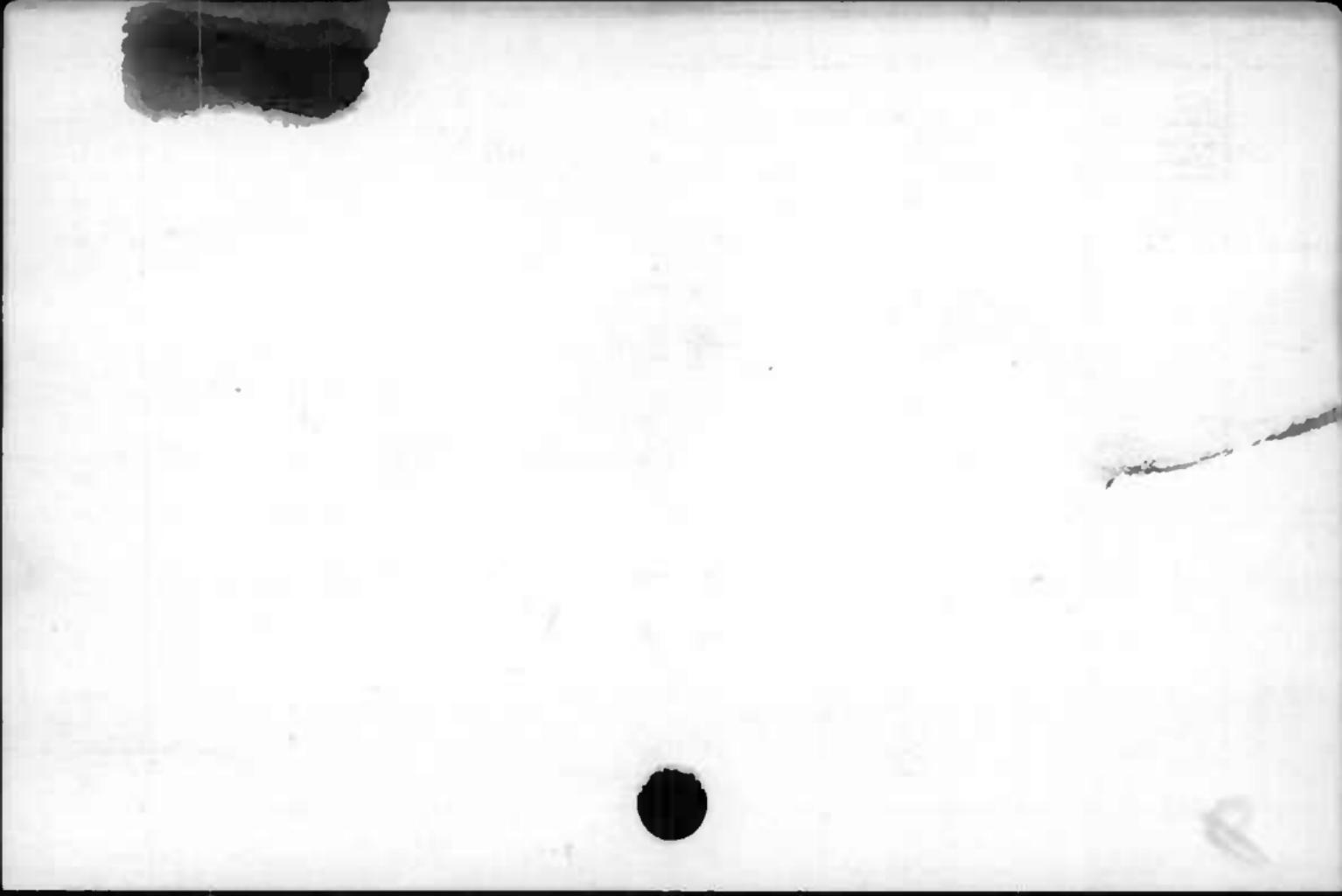
Signature of Physician

Address

none
Decompt & Major
Hudylakes

8

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Williamsburg</u>		Town	<u>Dor</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>31</u>	Age	Years	Months <u>4</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place	<u>md</u>	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband					
Father's Name <u>Thomas Craft</u>						Father's Birthplace <u>md</u>
Mother's Maiden Name <u>Alice Nichols</u>						Mother's Birthplace <u>md</u>
Name of person giving information <u>Thomas Craft</u>						How related to deceased <u>father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

(19)

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

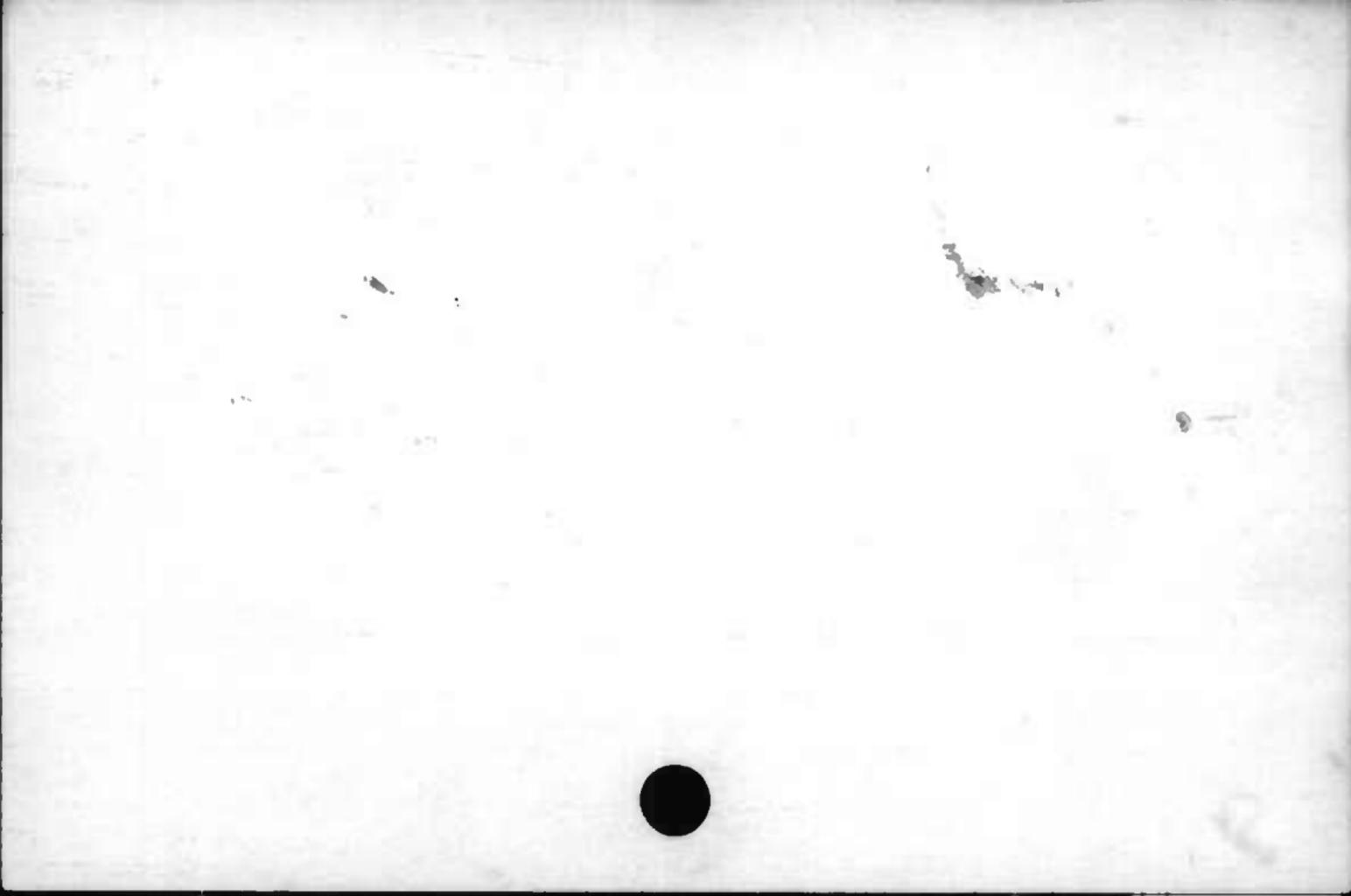
yes

Signature of Physician

R. R. Jefferson
Federalsburg
md

Address

Accident or Suicide?



Name
in
Full

B.W. Brugh Jr

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Cambridge		Town	Dorchester		County	MARYLAND			
Date of death	1906	Month	Oct	Day	22	Years	1	Months	1	Days
Sex	Male	Color or Race	White	Birth-place	Cambridge, Md					
Occupation	-					Where Residing If not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband							
Father's Name	Wm J Brugh Jr		Dorchester, Md							
Mother's Maiden Name	Jenny W Brugh Jr		Dorchester, Md							
Name of person giving information	Jenny W Brugh Jr		Mother							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

(4)

How long

Some weeks

Immediate

Pneumonia

How long

One day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

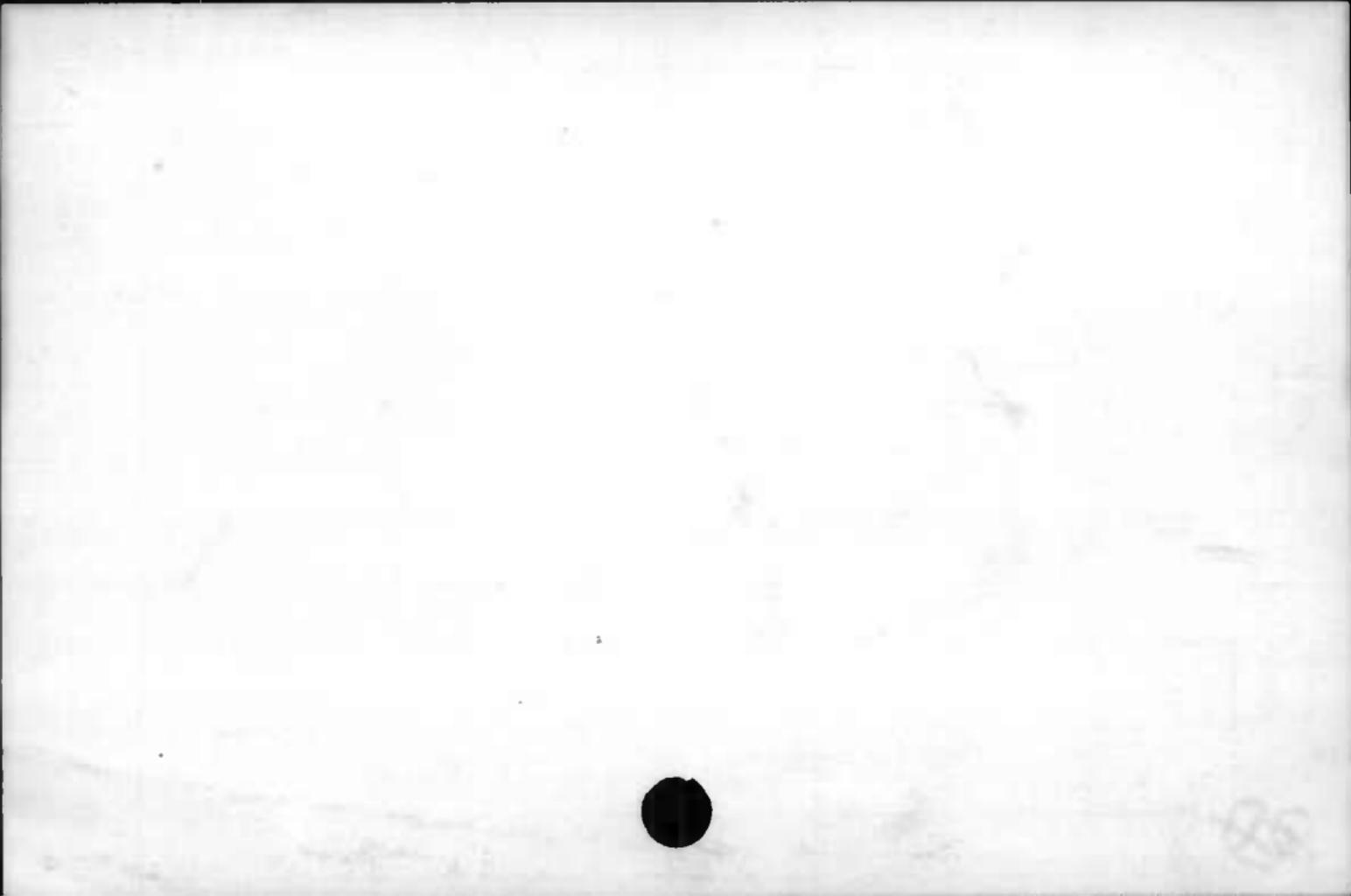
B.W. Brugh Jr

Address

Cambridge, Md

8

Accident or Suicide?



Name
in
Full

George Morgan Dean

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brochuraw</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906 Oct</u>	Month <u>Oct</u>	Day <u>6</u>	Years	Months <u>1</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Brochuraw</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>George Dean</u>				
Mother's Maiden Name	<u>Brochuraw</u>				
Name of person giving Information	<u>George Dean</u>				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Sick Stomach

(104)

How long

2 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

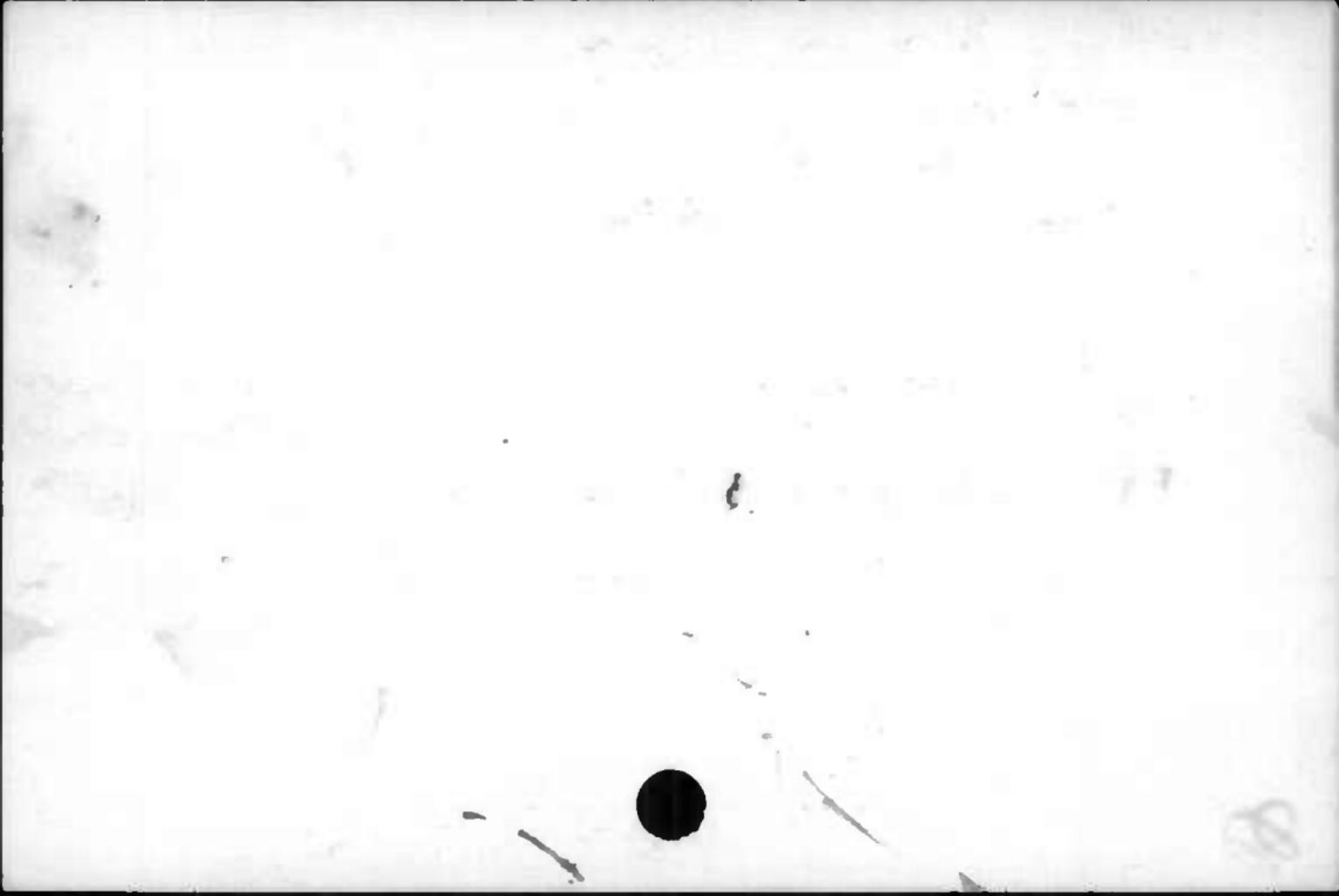
Signature of Physician

Address



Accident or Suicide?

A. J. Brownian Doctor Teller



Howard B. Dean

CERTIFICATE OF DEATH

Died at <u>Brockhaven</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>190</u>	Month <u>Oct</u>	Day <u>1</u>	Age <u>Years</u>	Months <u>1</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>George Dean</u>	Father's Birthplace <u>Brockhaven</u>				
Mother's Maiden Name <u></u>	Mother's Birthplace <u>Brockhaven</u>				
Name of person giving Information <u>George Dean</u>	How related to deceased				

CAUSES OF DEATH

Primary

Thrush100

How long

18 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

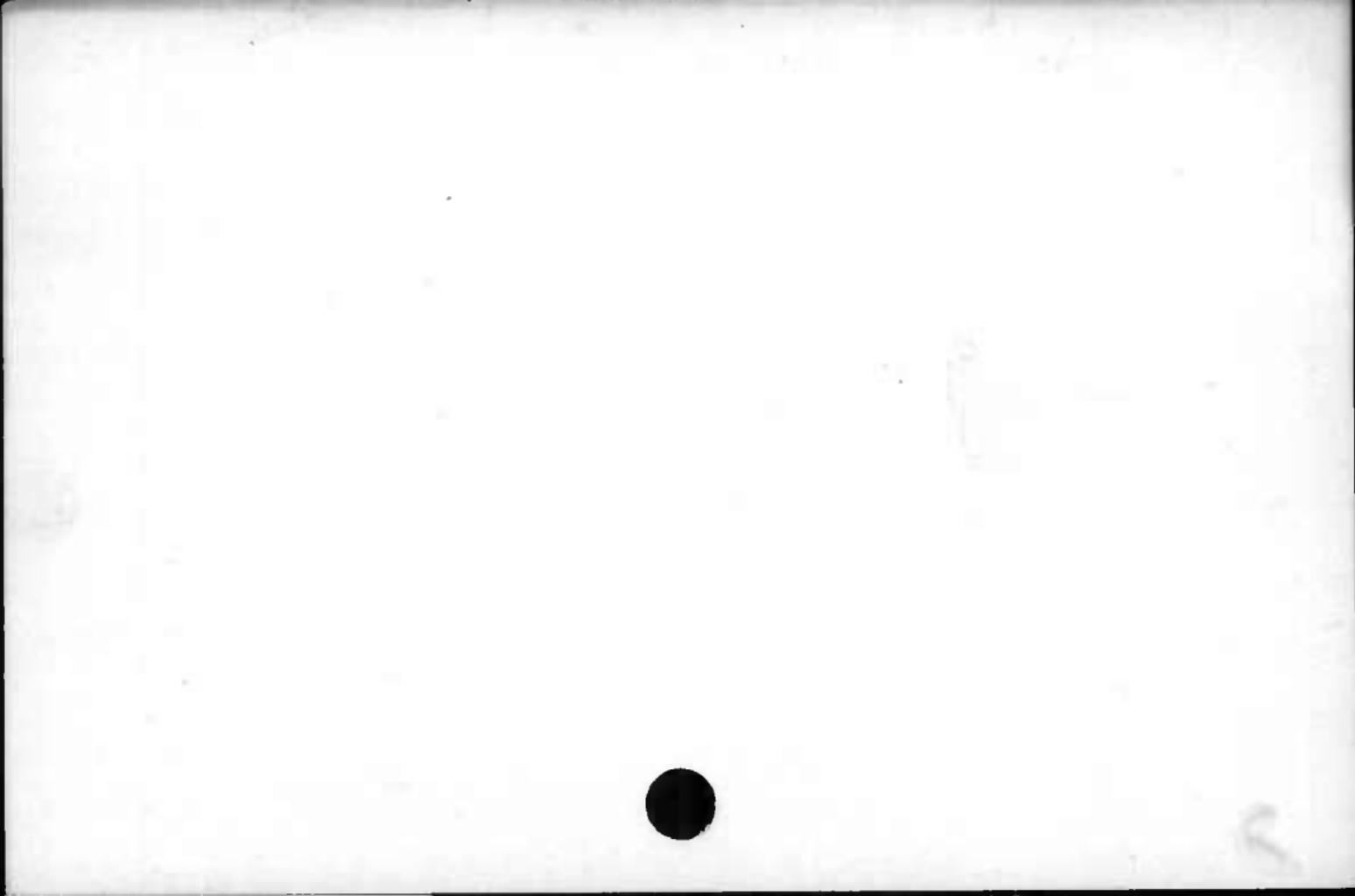
Yes

Signature of Physician

Address

Accident or Suicide?

A. J. Kinsler



Name
In
Full

George W Elliott

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at East New Market Town Dorchester County				MARYLAND	
Date of death 1906	Month 10	Day 3	Age 68	Years	Months Days
Sex Male	Color or Race White	Birth-place Dorchester			
Occupation Wheel Right	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary A Webster	Father's Birthplace Del.			
Father's Name Keeney Elliott	Mother's Birthplace				
Mother's Maiden Name don't know	How related to deceased Wife				
Name of person giving information Mary A Elliott					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

4 days

Immediate

Paralysis of Respiration

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

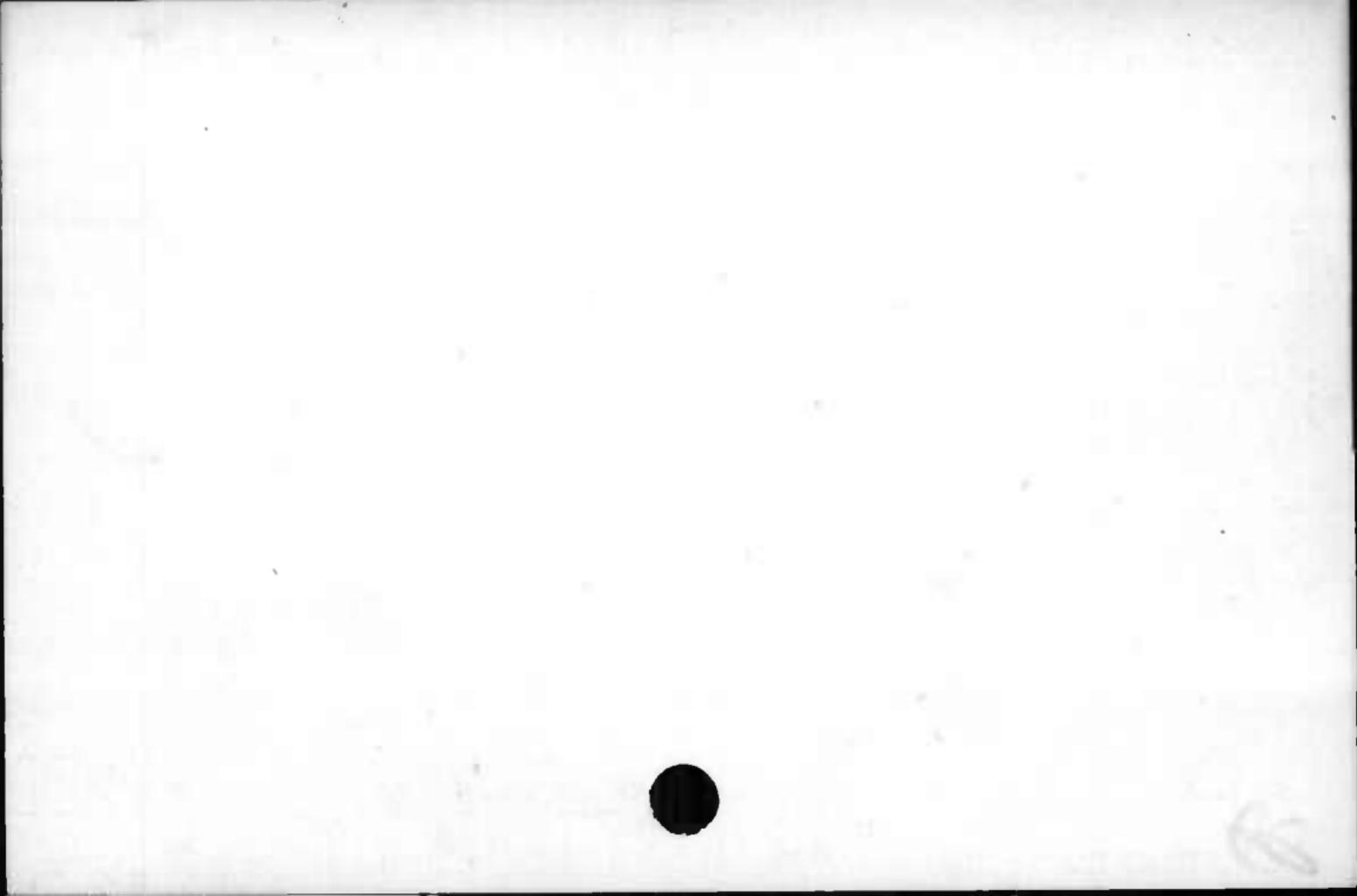
Yes

Address

Edward L. Jones
East New Market, Md.

8

Accident or Suicide?



Name
in
Full

Margie Wolff Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906 Oct.	2nd	Age	—	2	—
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Cambridge "		
Father's Name	Samuel W. Harris		Father's Birthplace	Maryland	
Mother's Maiden Name	Maggie Cannon		Mother's Birthplace	"	
Name of person giving information	Samuel W. Harris		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Malnutrition

151

How long

How long

Immediate Exhauation

Are the name, age, sex, color, date and place correctly given above?

yes

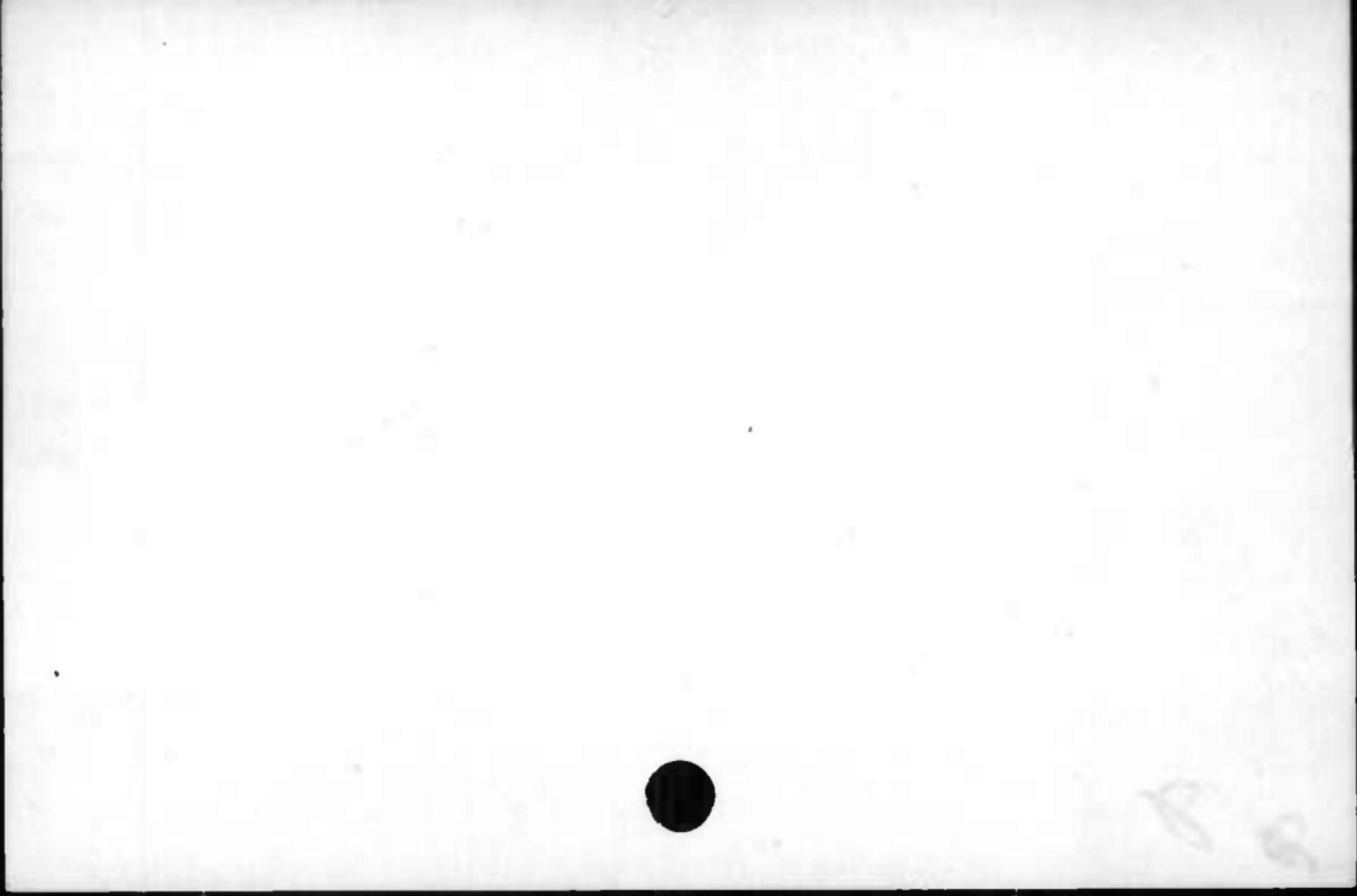
Signature of Physician

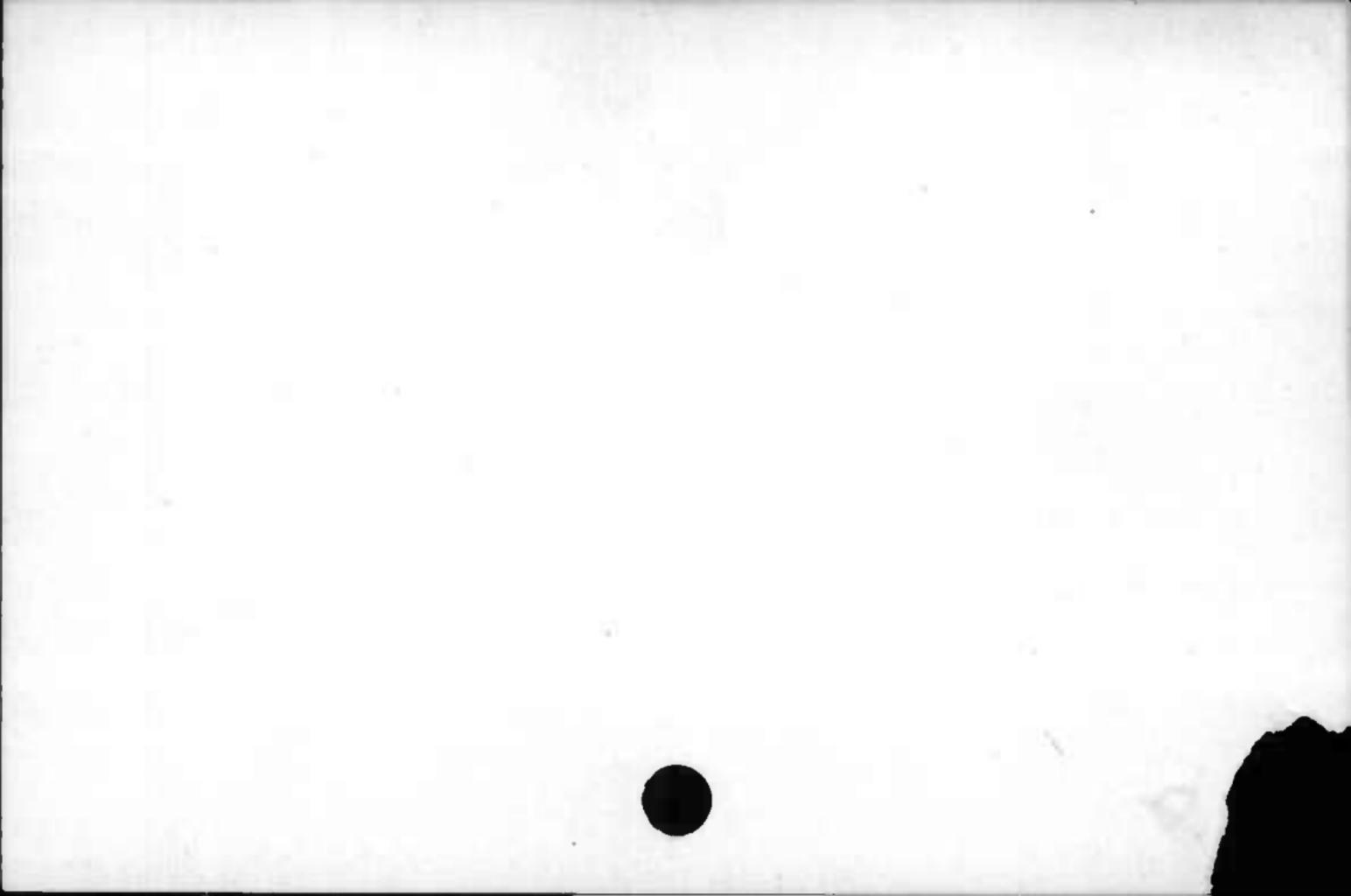
E. Wolff

Address
Cambridge, Md.

8

Accident or Suicide?





Name
in
Full

Evelyn Hubbard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

8

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	East New Market
Occupation	School Girl		Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Ollie W Hubbard		Father's Birthplace	Edwinton	
Mother's Maiden Name	Womina Holland		Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

Primary

Typhoid Fever

How long

7 days

Immediate

Appendicitis (Shock from operation)

How long

Are the name, age, sex, color, date and place correctly given above?

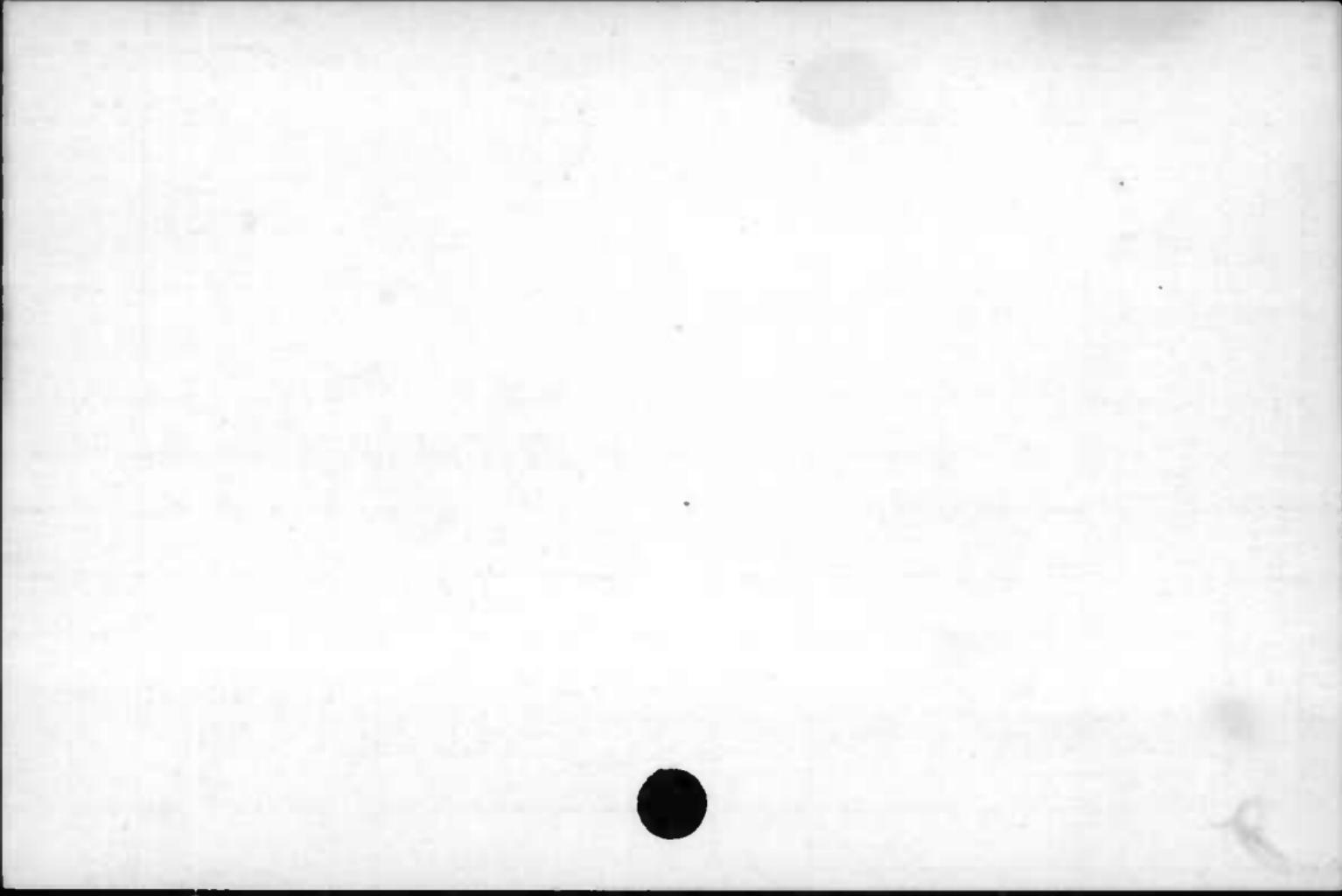
Signature of Physician

Address

Edward L. Jones

East New Market

Accident or Suicide?



Name
In
Full

Rebecca Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name				
Mother's Maiden Name				
Name of person giving information	How related to deceased			

Hurlock Dorchester

1906 Oct 13 57

Female black

Unknown Hurlock

Single unknown

Unknown

Frank Hughes Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Embryosolosis

104

How long

24 hour

Immediate

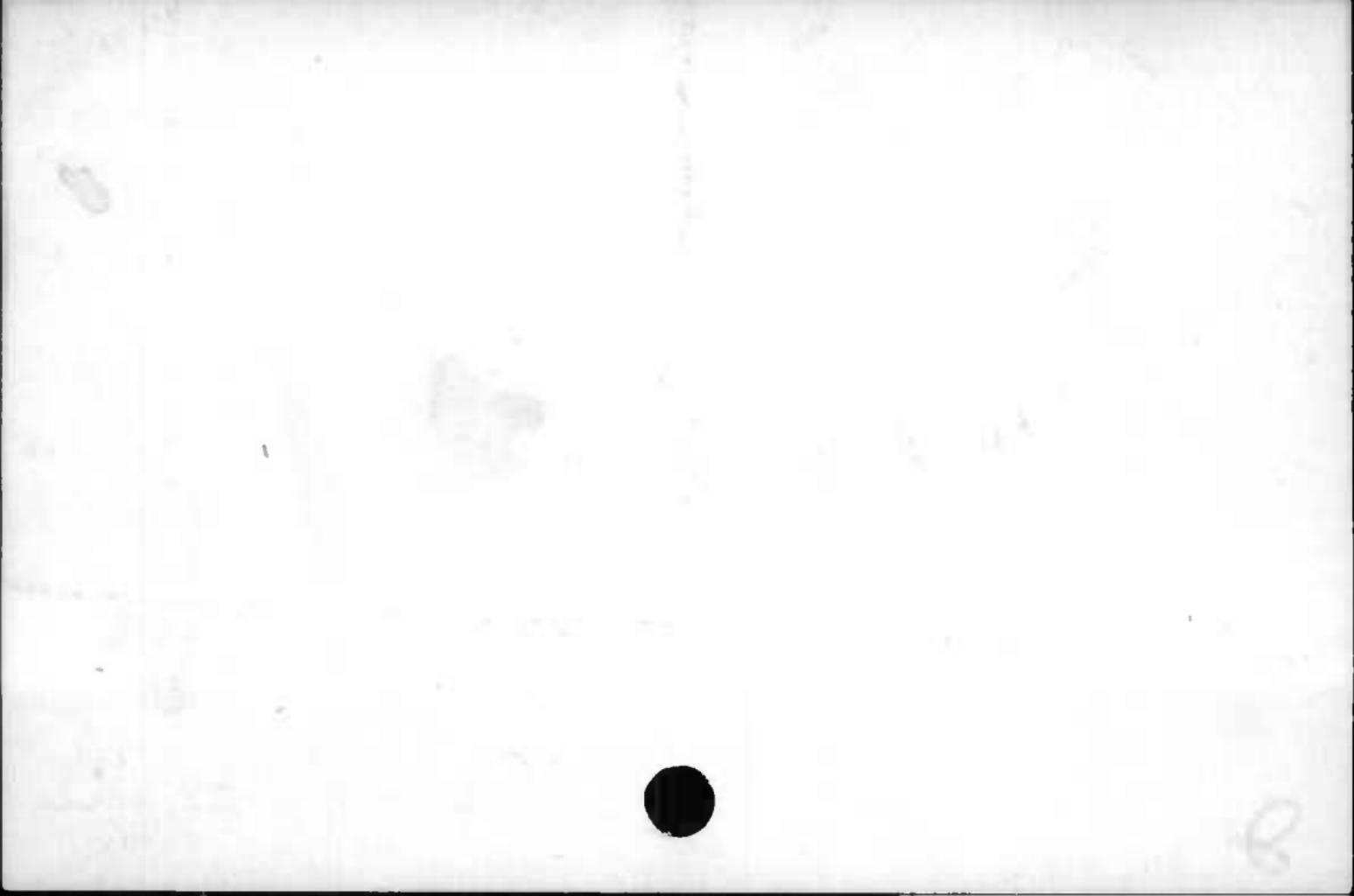
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Maguire (M.D.)
Hurlock MD

Accident or Suicide?



Name
In
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katherine Hurst

Died at East New Market Town

County

MARYLAND

Date of death 1906 Month 10 Day 4 Years 10 Age 10 Months Days

Sex Female

Color or Race

White

Birth-place

Dorchester

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

John W. Hurst

Father's Birthplace

Dorchester

Mother's Maiden Name

Maria Beckwith

Mother's Birthplace

"

Name of person giving
Information

John W. Hurst

How related
to deceased

Father

CAUSES OF DEATH

Primary

Yes.



How long

How long

Syphilis
10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

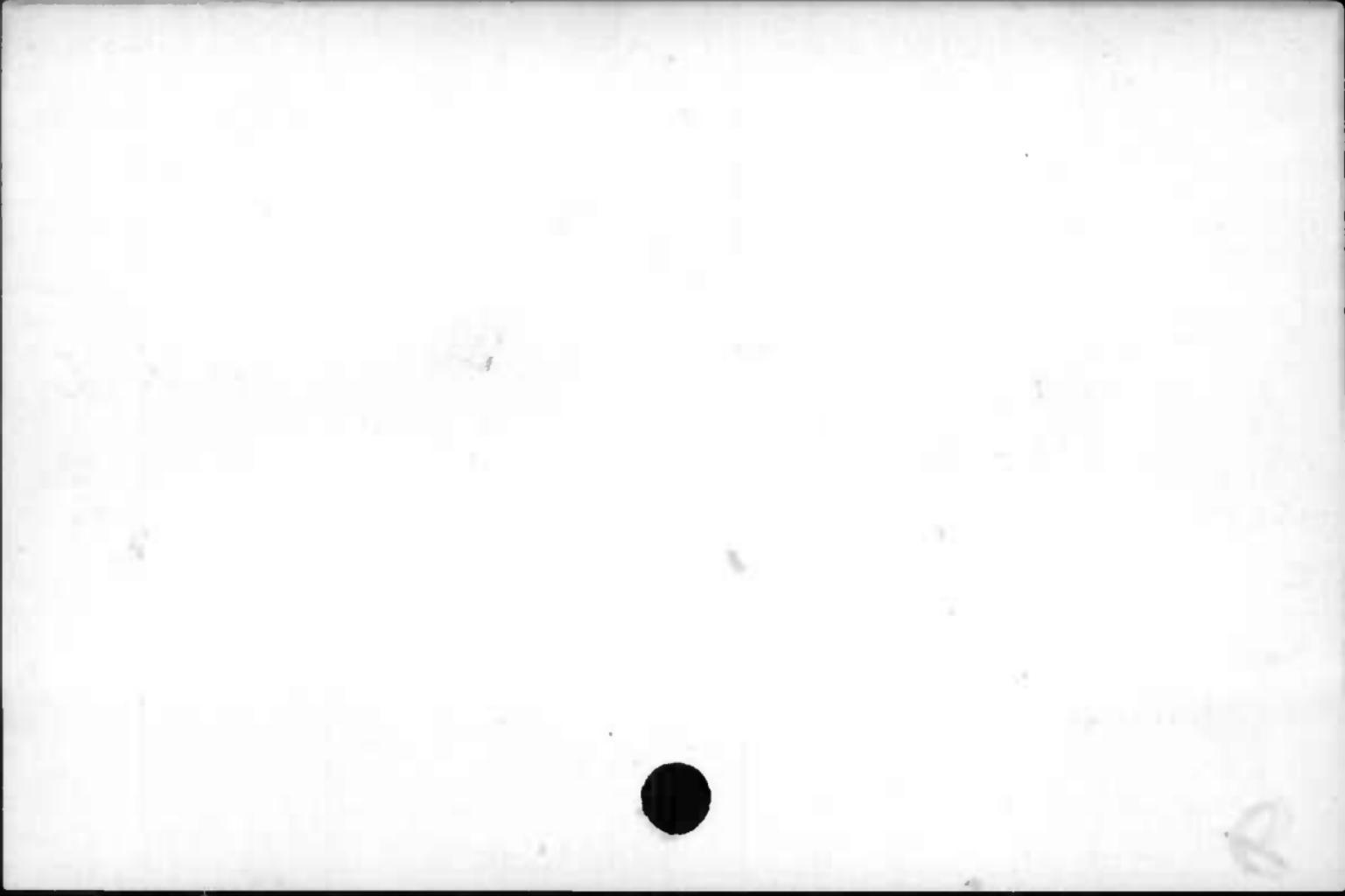
Yes

Signature of
Physician

Address

Abbaye
E. New Market
Md

Accident or Suicide?



Name
in
Full

May Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hollands Island</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1906 Oct. 21</u>	Month	Day	Years <u>26</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hollands Island</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name or Wife or Husband	Earnest Kelly			
Father's Name <u>Samuel D. D.</u>	Father's Birthplace <u>Baltimore</u>				
Mother's Maiden Name <u>Ellie Bradshaw</u>	Mother's Birthplace <u>Hollands Island</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever How long 3 1/2 months
Immediate Perforation of bowels How long

Are the name, age, sex, color, date and place correctly given above?

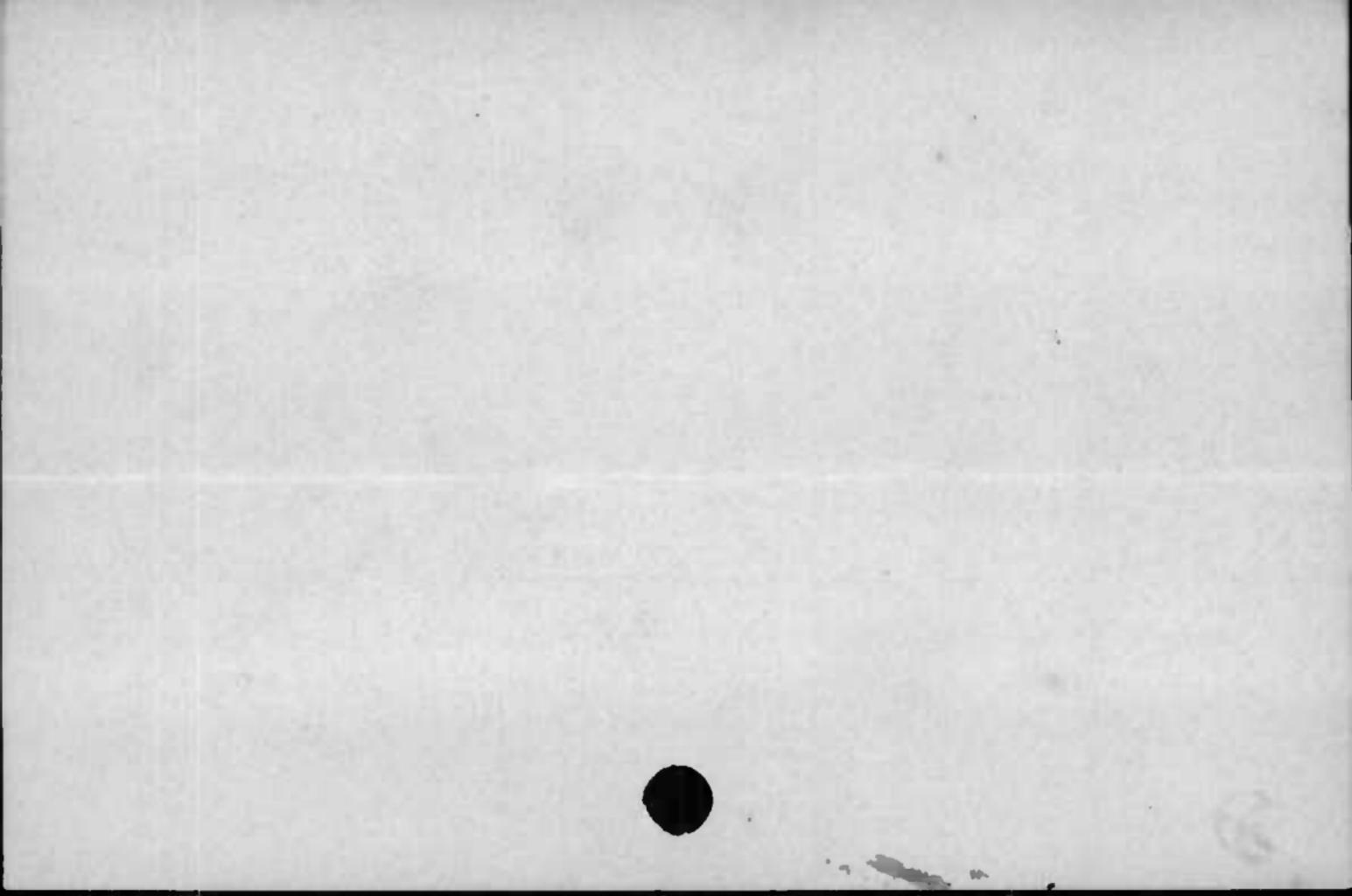
Yes

Signature of Physician

Address

E. Gordon Wall
Hollands Island
Md.

Accident or Suicide?



Name
in
Full

Samuel C. Kiwan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
1906	Month	Day	Dorchester		Months	Days
Date of death	Oct.	5	Age	2	—	5
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	None			Where Residing if not at place of death	Cambridge "	
Married, Single or Widowed	—			Name of Wife or Husband	—	
Father's Name	Samuel C. Kiwan			Father's Birthplace	Maryland	
Mother's Maiden Name	Louisa Stark			Mother's Birthplace	"	
Name of person giving information	Samuel C. Kiwan			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute nephritis

119

How long

Some weeks

Immediate

haemorrhage

How long

several days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

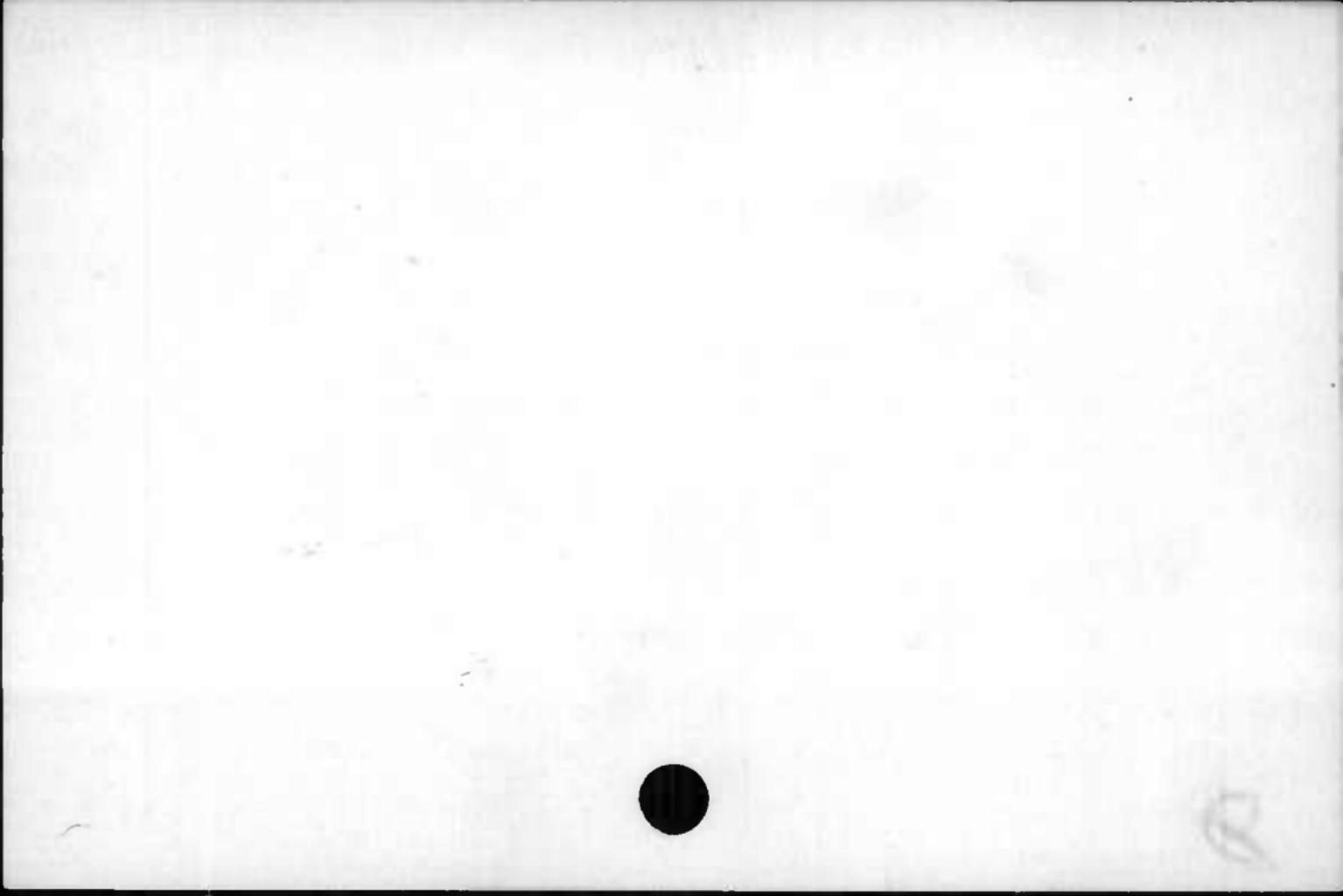
B. W. Colabrough

Address

Cambridge Mass



Accident or Suicide?



Name
in
Full

Margaret A. Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

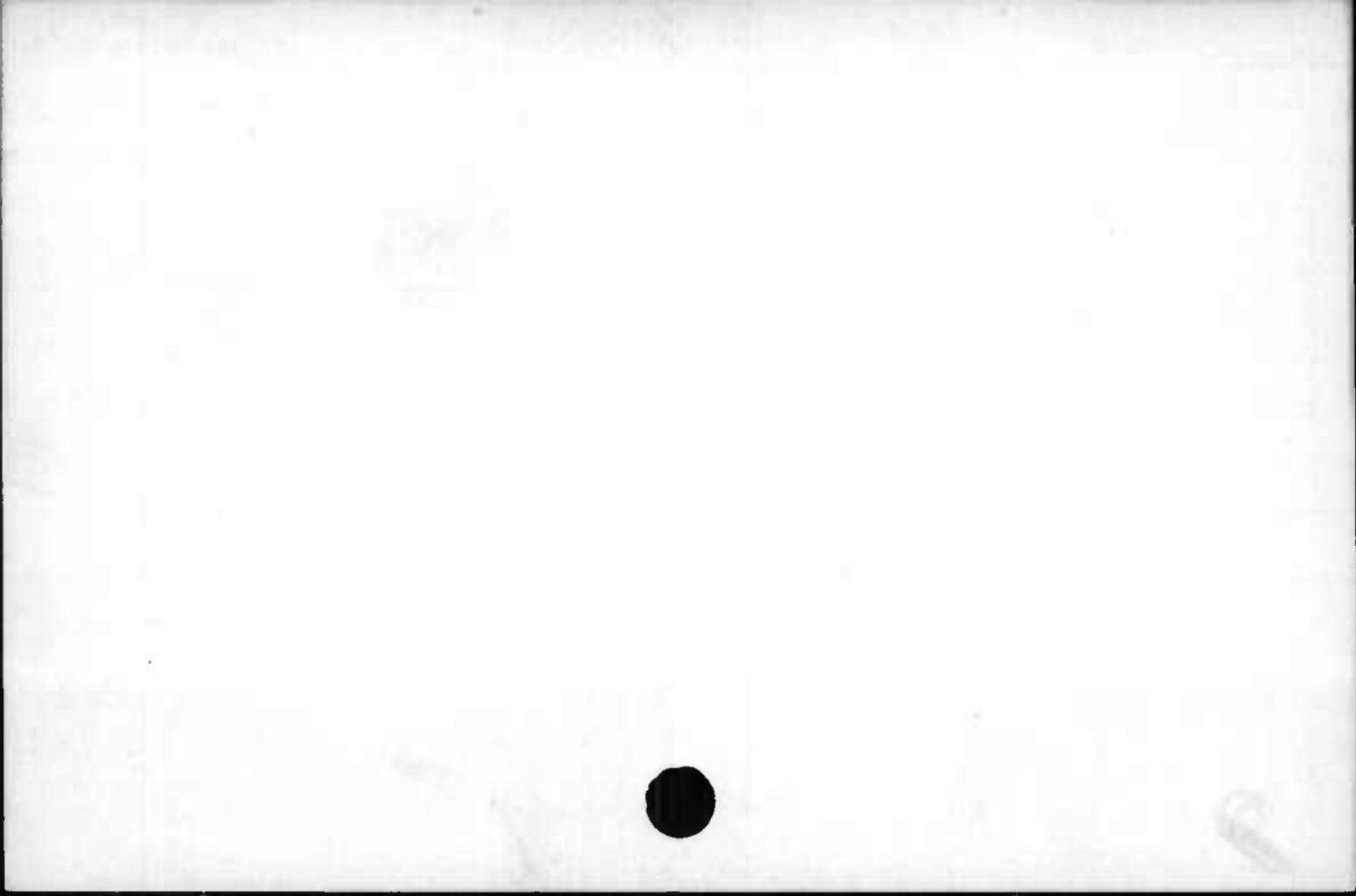
Died near Church Creek, Rochester		Town	County	MARYLAND		
Date of death	1906	Month Oct.	Day 18 th	Years 59	Months	Days
Sex	Female	Color or Race	White	Birth-place	Dor. Co. Md.	
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Marion S. Lewis		Father's Birthplace	Dor. Co. Md.
Father's Name	Benjamin Fitzhugh				Mother's Birthplace	Dor. Co. Md.
Mother's Maiden Name	Angelina Parker				Name of person giving information	How related to deceased
	Irving Lewis				Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malarial Fever	How long	Fire works
Immediate	Purpura Haemorrhagica Extension	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. L. Smith, M.D.
		Address	Church Creek, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

McGraft

CERTIFICATE OF DEATH

MARYLAND

Died at Linwood

Town

County

Dorchester

Date of death 1906 Oct

Month

Day

15

Years

Age

Months

5

Days

11

Sex Male

Color or
Race

Black

Birth-
place

Salem

Occupation

Where Residing if not
at place of death

Salem

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

Primary

Col. infantum

CAUSES OF DEATH

(105)

How long

15

Months

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

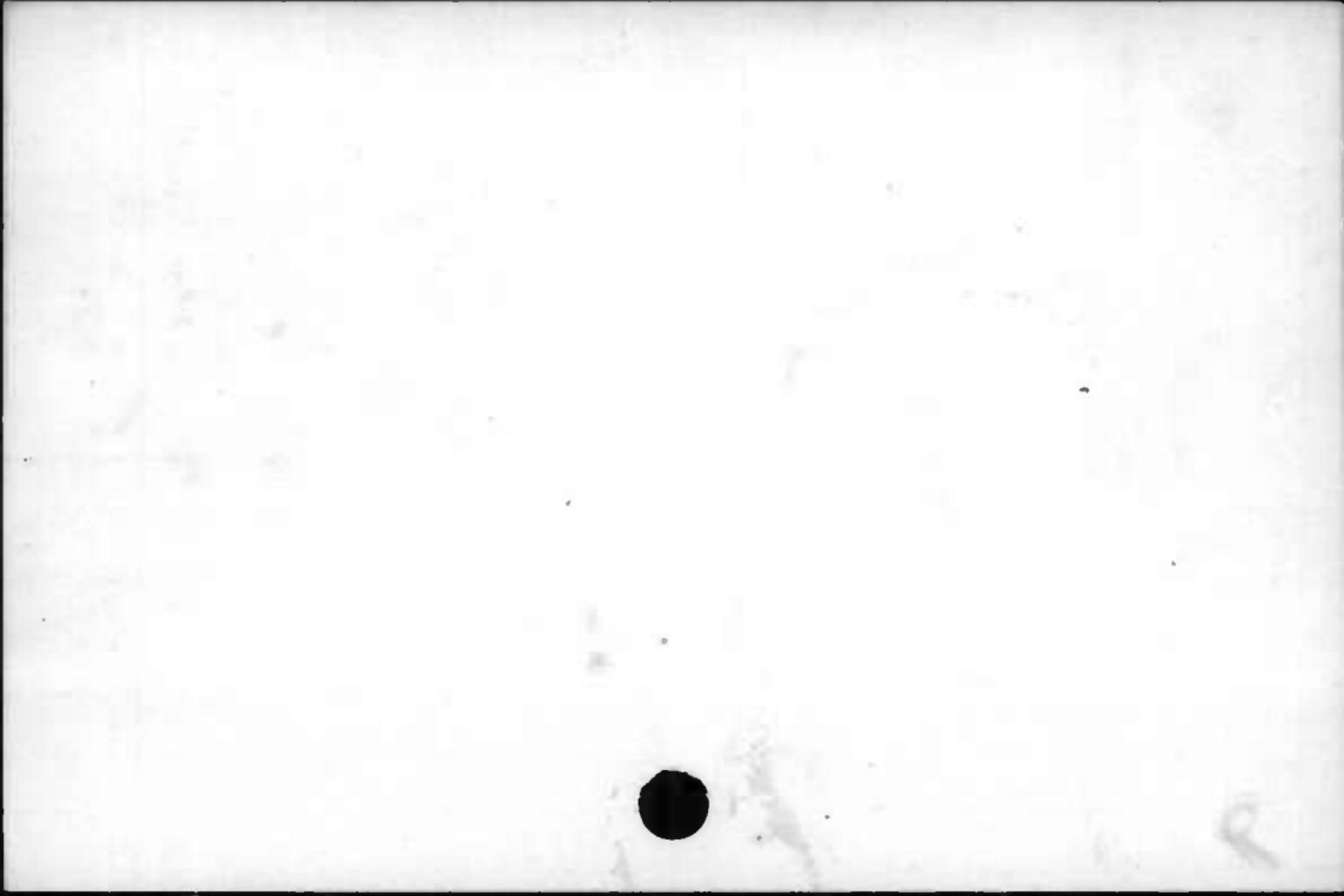
Yes

Signature of
Physician

Address

A.M. 5 in. at
Linwood
red

Accident or Suicide?



Name
in
Full

Ella Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Thomas	Town	County	MARYLAND		
Date of death	1906	Month Oct	Day 22	Years 24	Months	Days
Sex	Female	Color or Race	White	Birth-place Thomas		
Occupation	Housewife		Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Milton Marshall			
Father's Name	Lewis A Messick		Father's Birthplace			
Mother's Maiden Name	Mollie Messick		Mother's Birthplace			Thomas Mc
Name of person giving information	eva Marshall		How related to deceased			Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary and laryngeal How long 8 mos

Immediate Tuberculosis How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

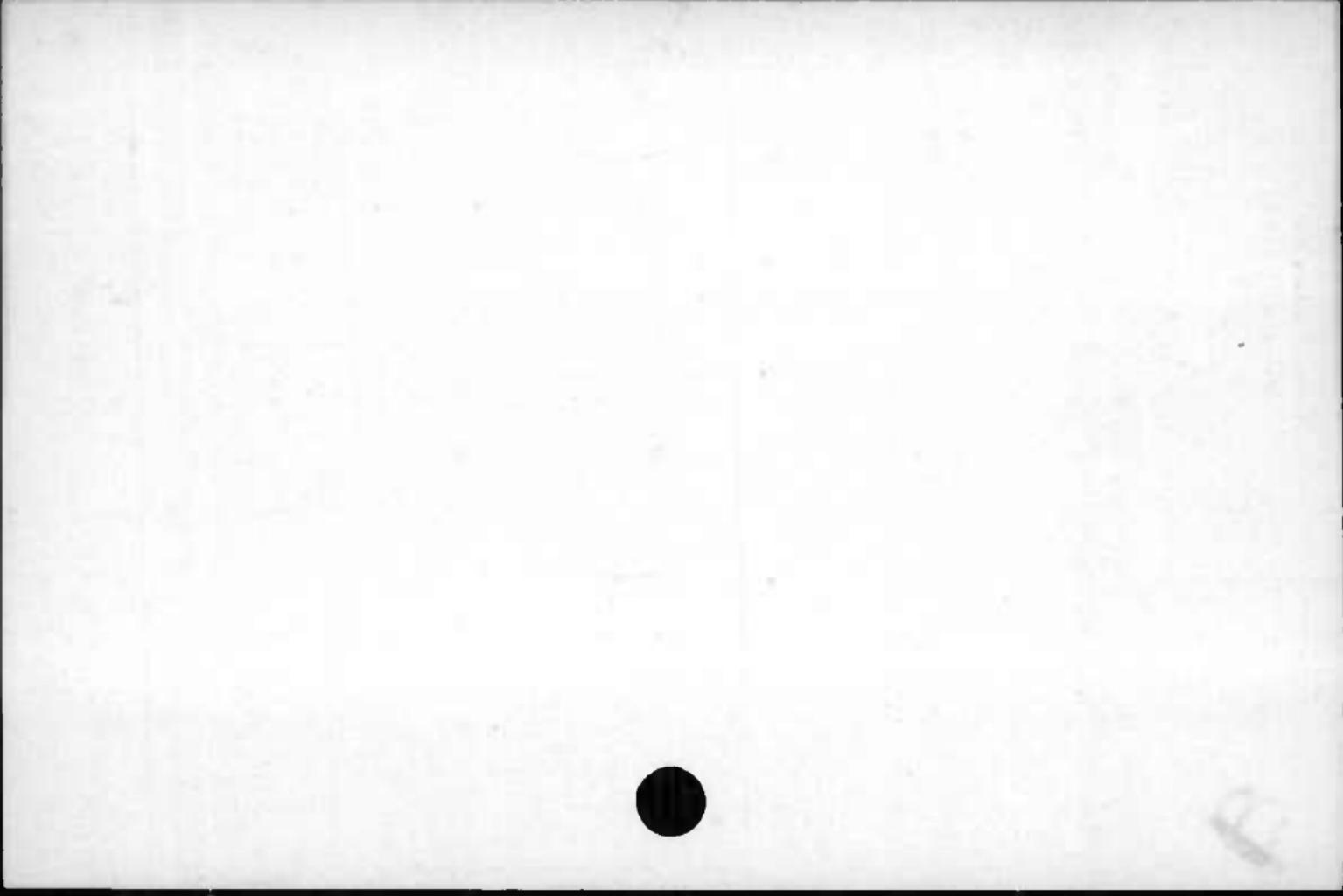
S A Stokes

Address

R#6#5-Cambridge

J

Accident or Suicide?



Name
In
Full

Ysleie Is.

Marshall

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Cambridge

County

MARYLAND

Date of death

1906 Oct-

Month

11 Day

Years

Age -

Months

3

Days

Sex

Male

Color or Race

white

Birth-place

Occupation

—

Where Residing if not at place of death

—

Married, Single or Widowed

Single

Name of Wife or Husband

—

Father's Name

Noble Marshall

Father's Birthplace

Or. Co. 2nd.

Mother's Maiden Name

Mary M. Brown

Mother's Birthplace

Or. Co. 2nd.

Name of person giving information

M. Nellie Brown

How related to deceased

Grandmother

CAUSES OF DEATH

Primary

Marasmus

179

How long

all of life

Immediate

Natural Exhaustion

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

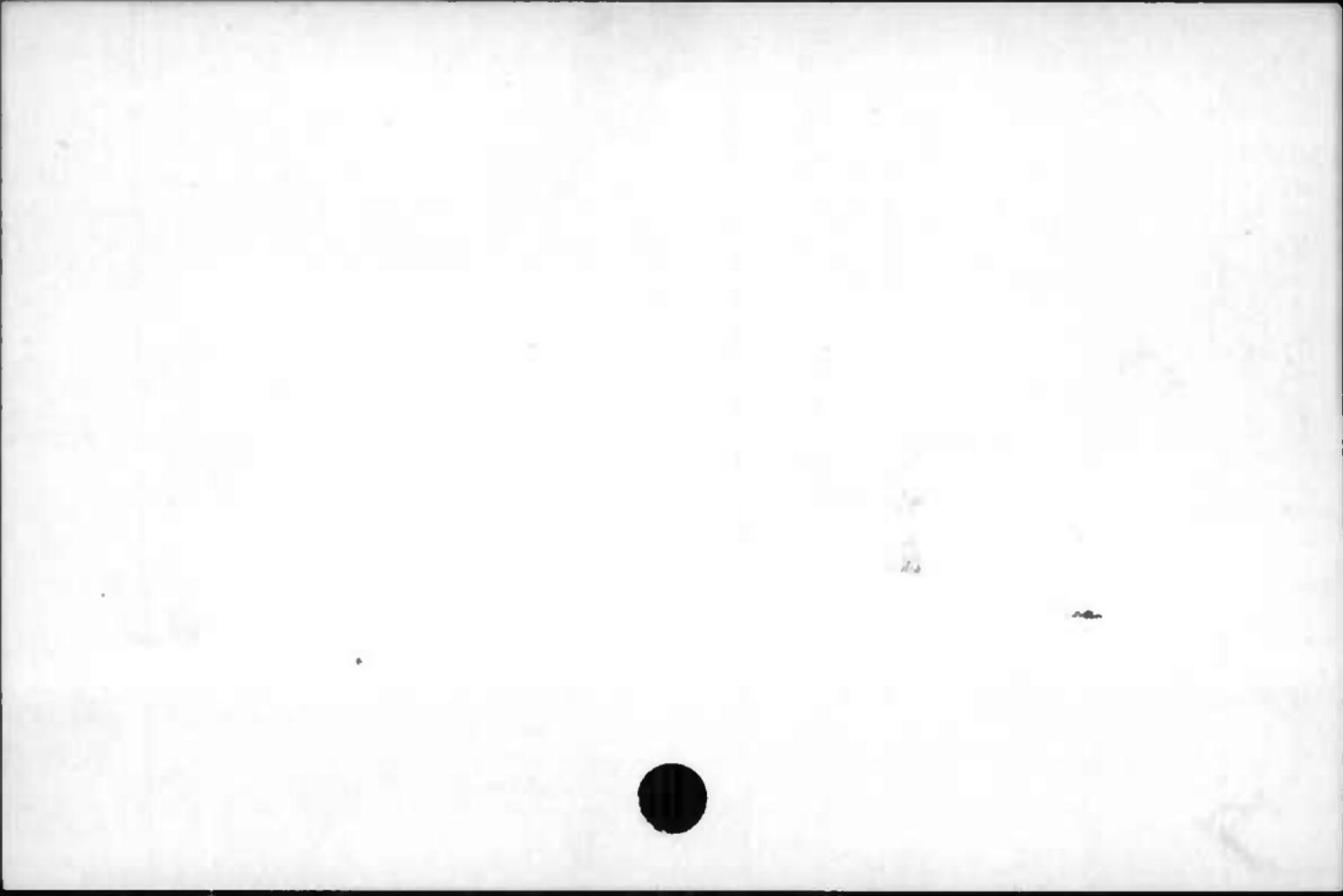
Signature of Physician

Address

Guy Stuck

Cambridge Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Infant Meekins		Died at		Town		County	
Fishing Creek		Dor					
Date of death	1906	Month	Oct	Day	22	Years	—
Age	—	Months	—	Days	10		
Sex	Male	Color or Race	White	Birth- place	Fishing Creek		
Occupation	—	Where Residing if not at place of death					
Married, Single or Widowed	—	Name of Wife or Husband					
Father's Name	John Meekins						Father's Birthplace
Mother's Maiden Name	Lizzie Hascill						Mother's Birthplace
Name of person giving Information	Major Grinnan						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

infection of umbilicus

How long

2 dy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

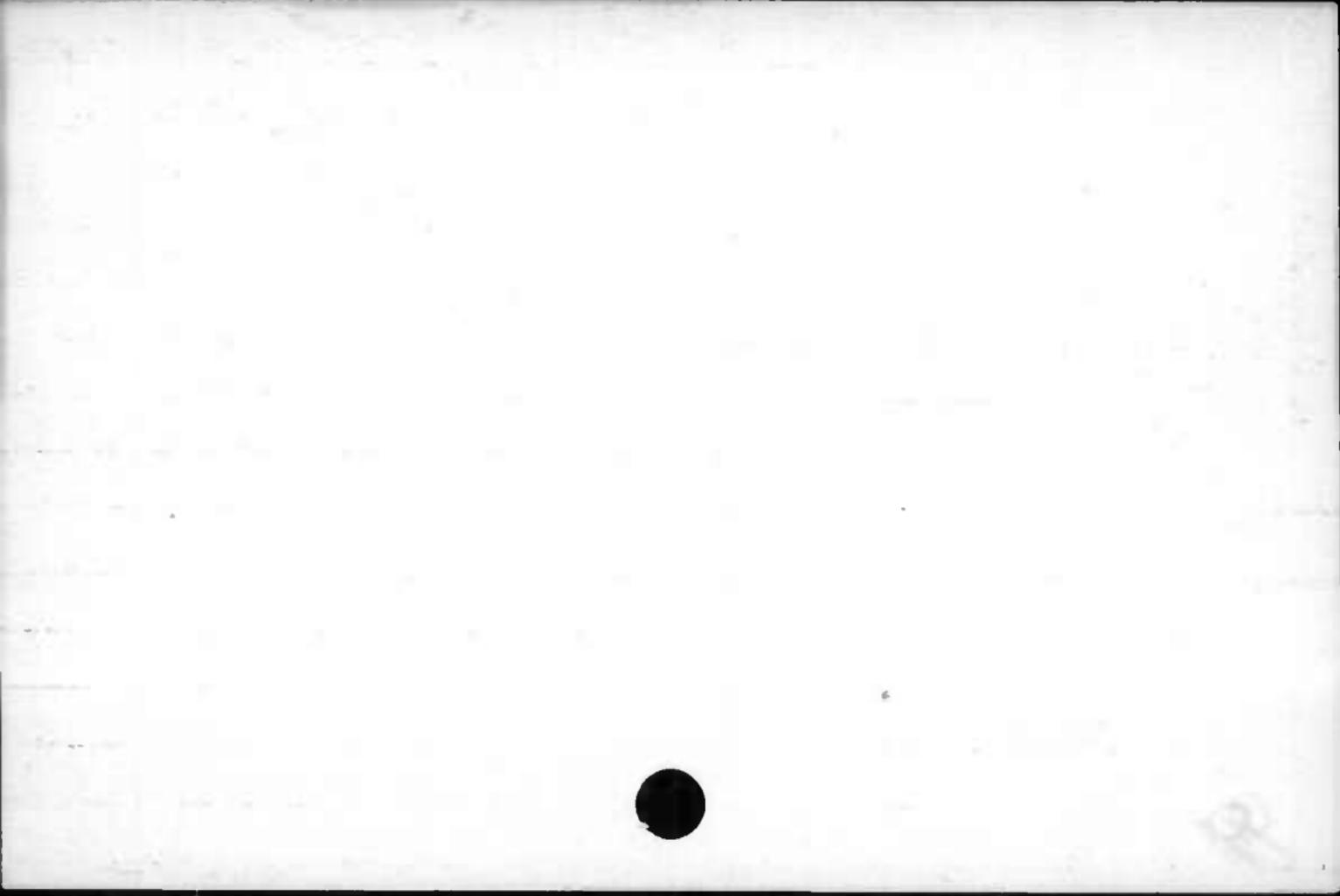
Signature of
Physician

W H Houston

Address

Fishing Creek Md

9
Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

Not Named Phillips

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James E. Phillips				
Mother's Maiden Name	Eliza Twilley				
Name of person giving information	Father				

CAUSES OF DEATH

Primary

Infantile

105

How long

1 day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

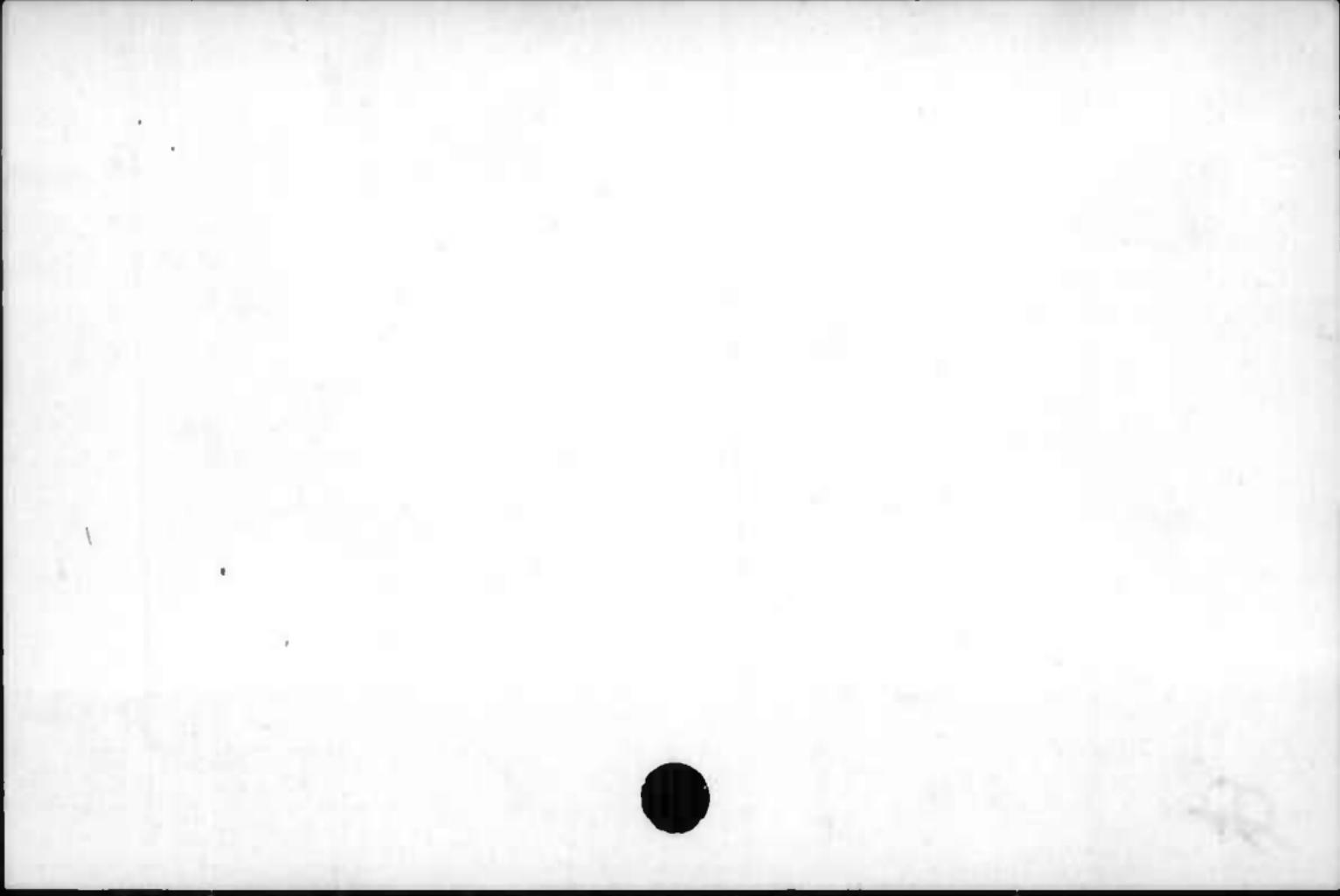
A. Sayers

East Newmarket
Md.

PHYSICIAN
OR CORONER

J

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Charles W. Reed

CERTIFICATE OF DEATH

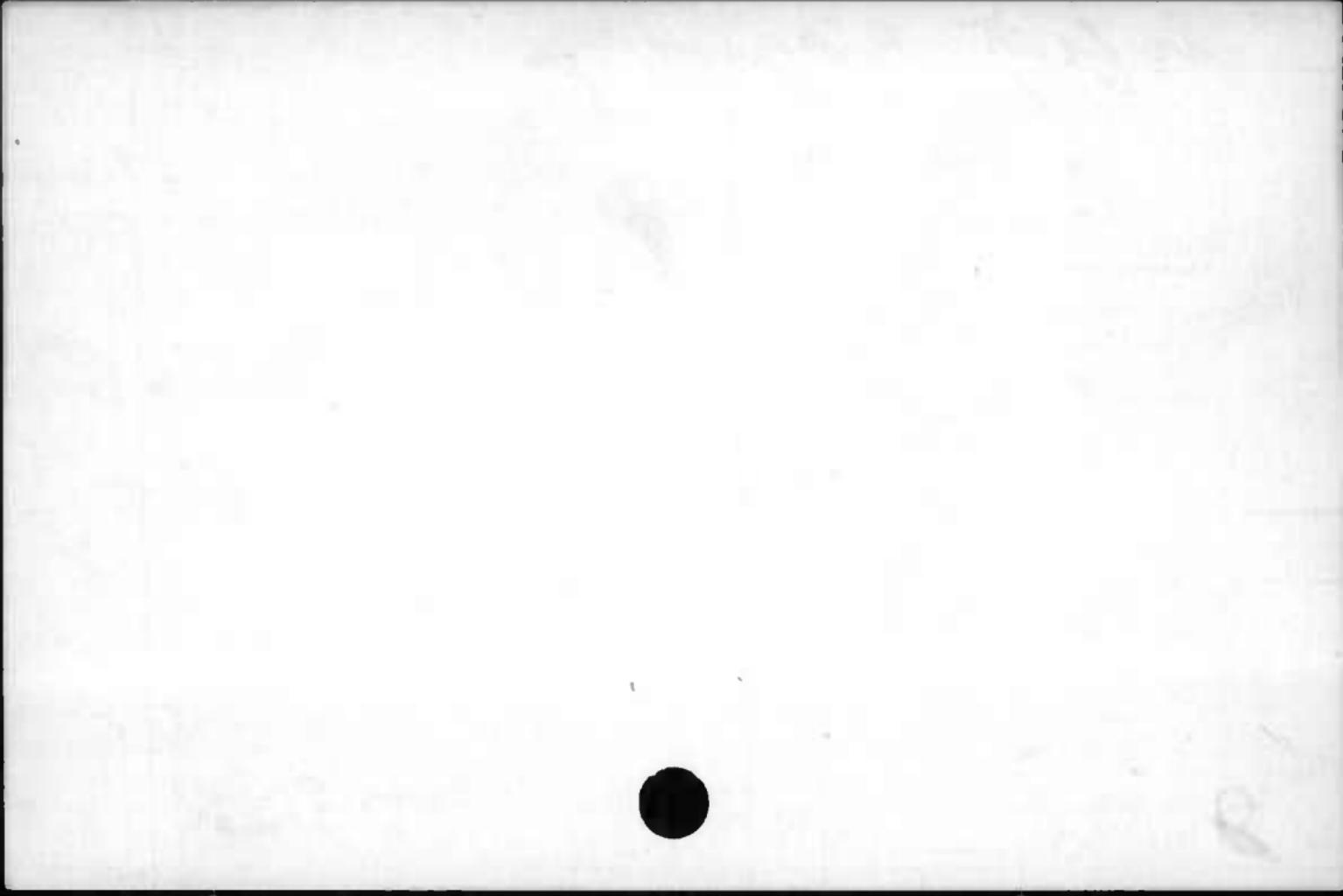
Town	Died at Cambridge		County	Dorchester	
Date of death	Month	Day	Years	Months	Days
1906	Oct.	14 th	76		
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Contractor Where Residing if not at place of death Cambridge				
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Reed		
Father's Name					
Mother's Maiden Name					
Name of person giving information	Lizzie Reed How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption (Tuberculosis)		How long	34	years
Immediate	Emphysema		How long	—	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mary Steele		
		Address	Cambridge Md.		
Accident or Suicide?					

9



Name
in
Full

infant Riggins

CERTIFICATE OF DEATH

To be ANSWERED BY
NEAREST FRIEND

Died at <u>Fishing Creek</u> Town		<u>Dar</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>2</u>	Age <u> </u>	Years <u> </u>	Months <u>29</u> Days <u> </u>
Sex <u>female</u>	Color or Race <u>White</u>	Birth-place <u>Distinguished</u>			
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>John Riggins</u>				Father's Birthplace <u>Mckin's Neck</u>	
Mother's Maiden Name <u>Ketty Craghton</u>				Mother's Birthplace <u>Disting Creek</u>	
Name of person giving information <u>John Riggins</u>				How related to deceased <u>father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Erysipelas of abdomen 8 How long 4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J H Houston.

Address

Fishing Creek
MD

8

Accident or Suicide?

100

24
25
26
27

Infant Ruark

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town Bishop Head	County Dorchester	MARYLAND	
Date of death	Month Oct	Day 16	Years Age	Months 5 months	Days 20
Sex Female	Color or Race	white	Birth- place Md		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Fred. E. Ruark				
Mother's Maiden Name	Ella Ruark				
Name of person giving Information	Fred E. Ruark				
Father	How related to deceased				

CAUSES OF DEATH

Primary

How long

179.

Immediate

How long

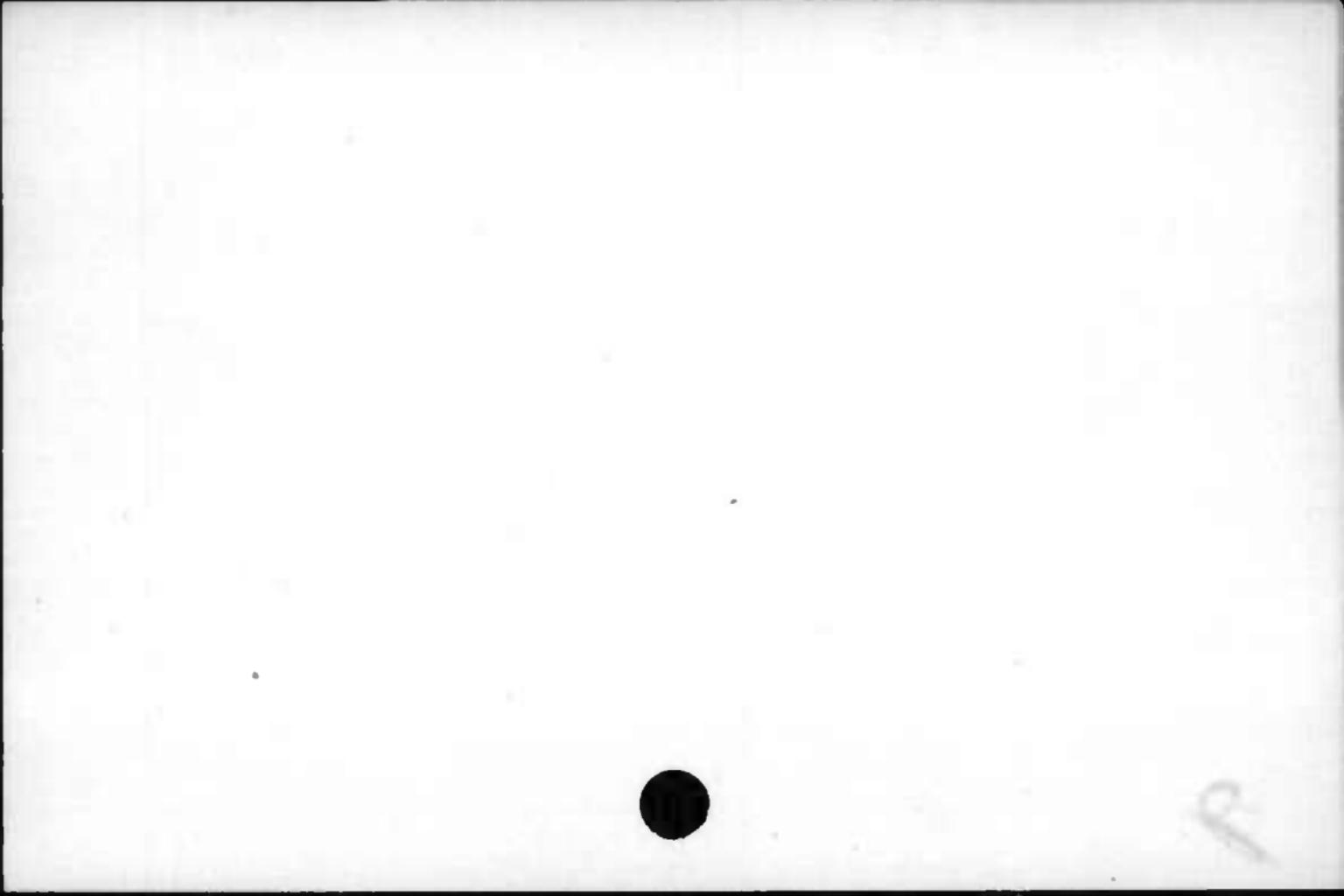
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Kiran Doss
(Administrator)

8

Accident or Suicide?



Name
in
Full

Birtrice Sampson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Clarence Sampson			Father's Birthplace	Dorchester
Mother's Maiden Name	Emmisa Clements			Mother's Birthplace	Dorchester
Name of person giving information	Clarence Sampson			How related to deceased	Father

CAUSES OF DEATH

Primary

Stripping Bright (8)

How long

4 Days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

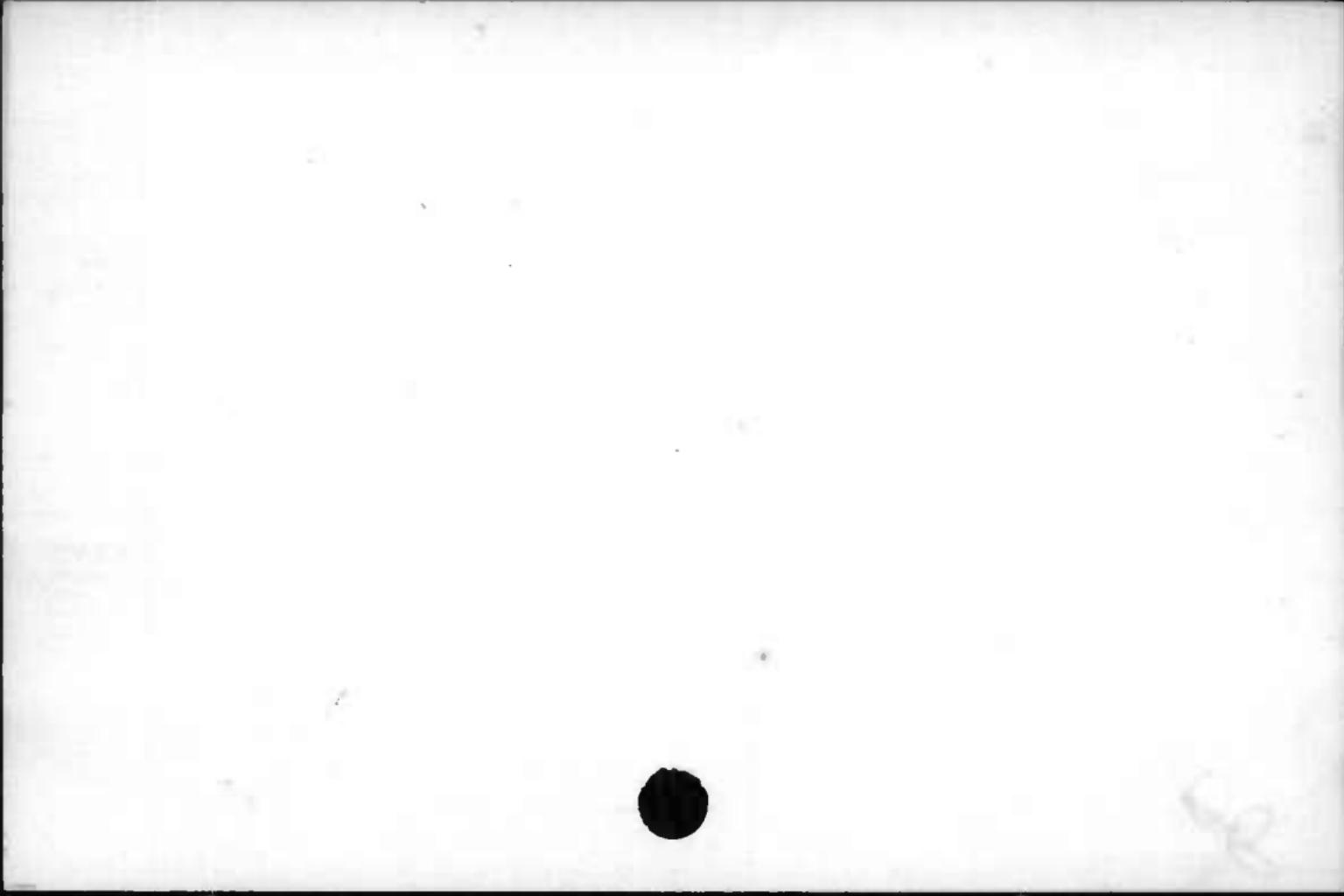
yes

Signature of Physician

Address

A. M. Vincent
Ass't H

Accident or Suicide?



Name
in
Full

Eliza Smallwood

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month 10	Day 11	Years 70	Months	Days
Sex	Female	Color or Race	Blk	Birth-place	Md	
Occupation	Huck	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Mary E. Stevens			How related to deceased		Grand-Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio-sclerosis

64

How long

Immediate

Apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

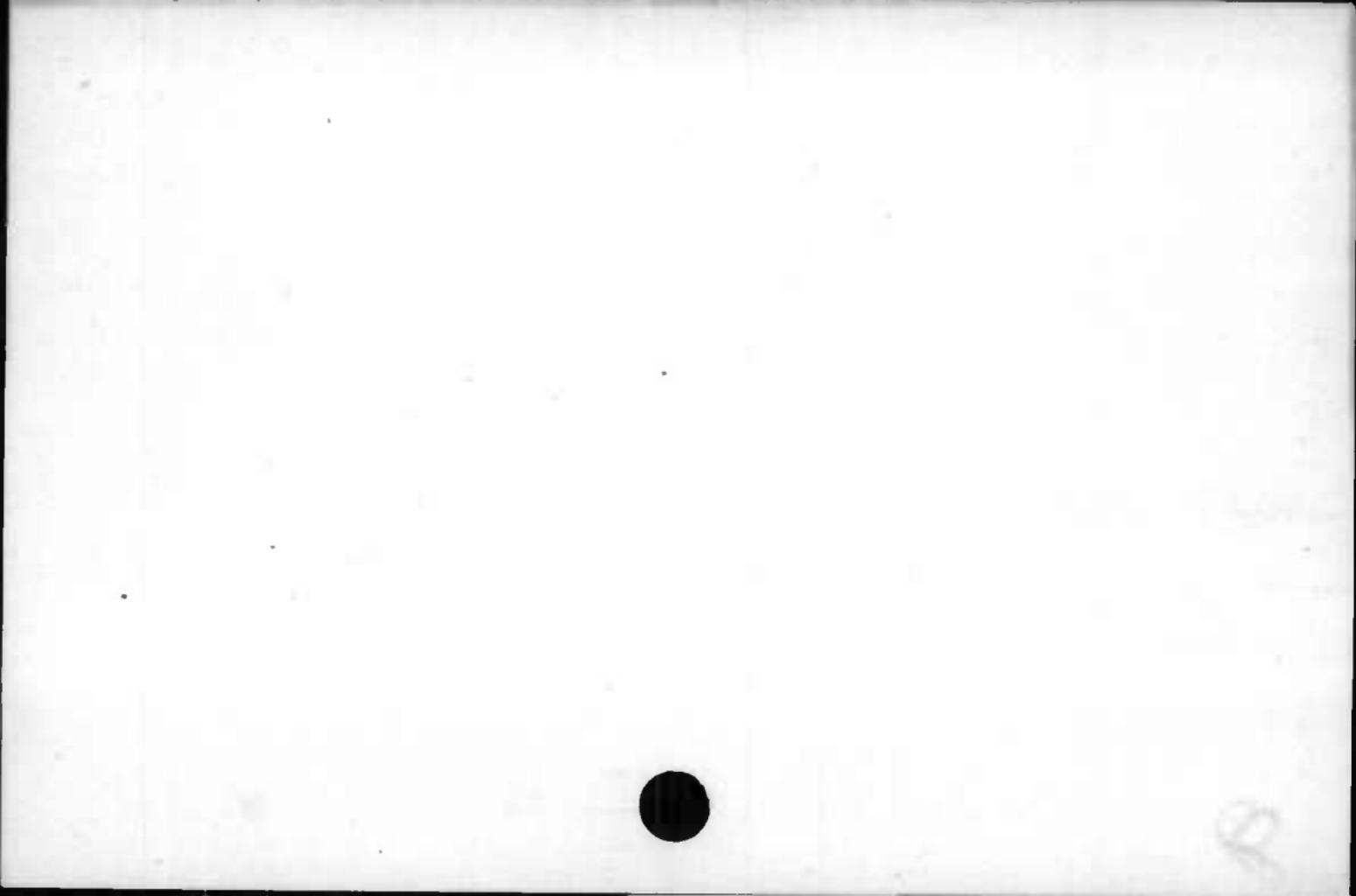
yes

Signature of Physician

Address

E. E. Wolff
Cambridge, Md.

Accident or Suicide?



Jeremiah Spicer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1906	Oct	26	68	9	22	
Sex	Color or Race		Birth-place			
Male	White		Dor. Co, Md.			
Occupation	Where Residing if not at place of death					
School Teacher						
Married, Single or Widowed	Name of Wife or Husband	Julia A. Keene, First Alice Rouse, Last				
Father's Name	Prarus Spicer		Father's Birthplace			Dor. Co Md
Mother's Maiden Name	Matilda Fountaine		Mother's Birthplace			Carolin Co. Md
Name of person giving Information	Bernard G. Spicer		How related to deceased			Son

CAUSES OF DEATH

120

How long

3 or 4 years

How long

Primary

Chronic Bright's disease

Immediate

Cardiac tetropathy

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. L. Lovittson, M.D.

Address

Church Creek, Md.

Accident or Suicide?

10.11.60

W.

10.11.60

10.11.60

Name
In
Full

CERTIFICATE OF DEATH

Clara H. Stapleford -

Town
Lehurh Creek

County
Dorchester Co

MARYLAND

To BE ANSWERED BY

NEAREST FRIEND

Died at	Month	Day	Years	Months	Days	
Date of death 1906	Oct	15	Age 96	9	12	
Sex Female	Color or Race	White	Birthplace			
Occupation Housekeeper	Where Residing if not at place of death Lehurh Creek					
Married, Single or Widowed	Name of Wife or Husband	Lehurh Creek Stapleford - Lakes				
Father's Name	Maggie George W. Lake					Father's Birthplace Lakes
Mother's Maiden Name	Clara H. Lakes					Mother's Birthplace Lakes
Name of person giving information	Charles Lakes					How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

154

How long

About 6 days

Immediate

Heart failure

How long

Two hours

Are the name, age, sex, color, date and place correctly given above?

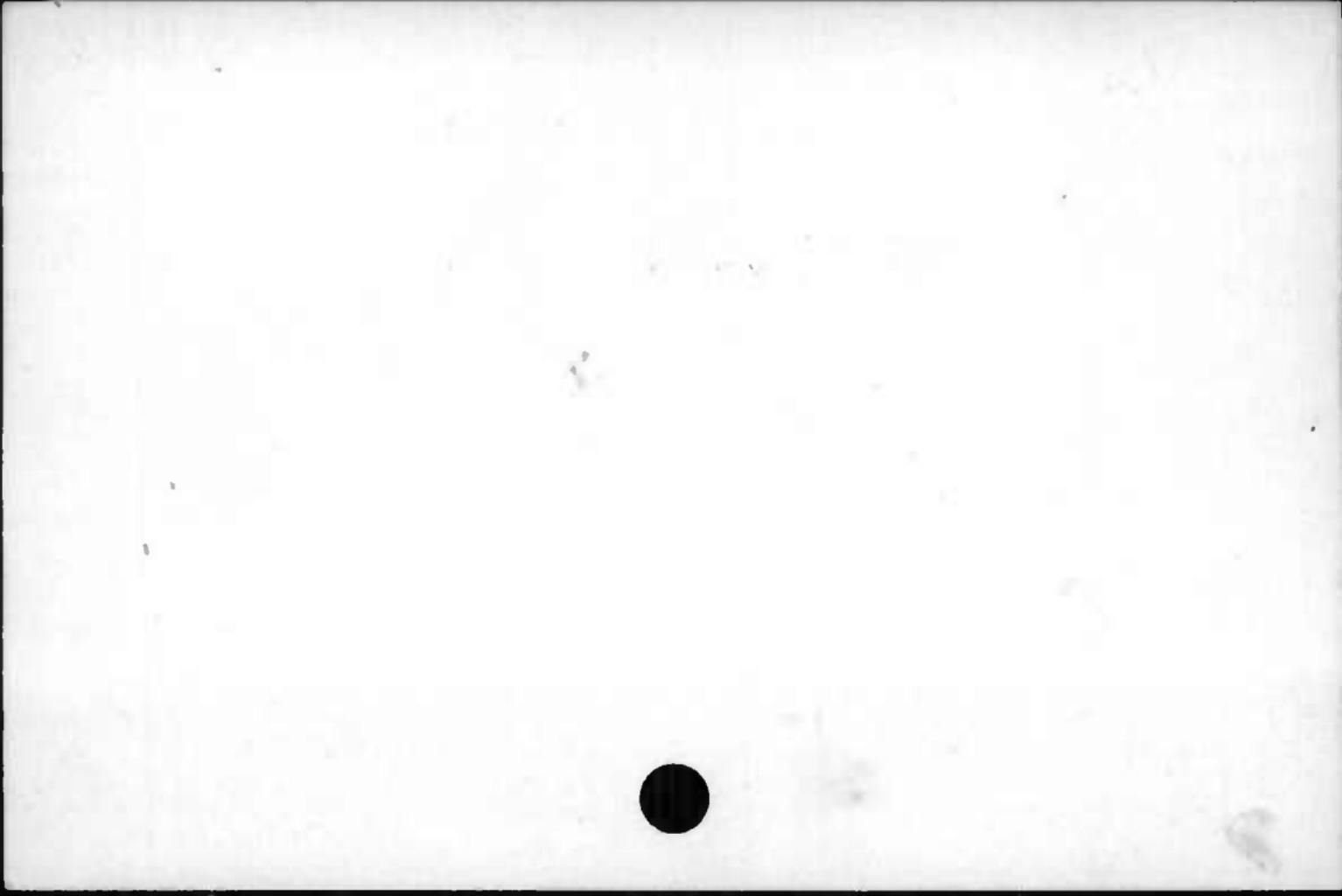
Signature of Physician

Address

Victor B. Garrison M.D.
Cambridge Md.

Accident or Suicide?

8



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Wesley Stanley

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1904	Month 10	Day 14	Years	Months 2	Days 21
Sex	Male	Color or Race	Residence		Birth- place	Dorchester
Occupation				Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wesley Stanley			Dorchester		
Mother's Maiden Name	Mary Foley			Mother's Birthplace		
Name of person giving Information	W. E. Coleman			How related to deceased		

CAUSES OF DEATH

Primary

Pericarditis, Liver

How long

2 mos 3 days

Immediate

Catarrhal Bronchitis

How long

4 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

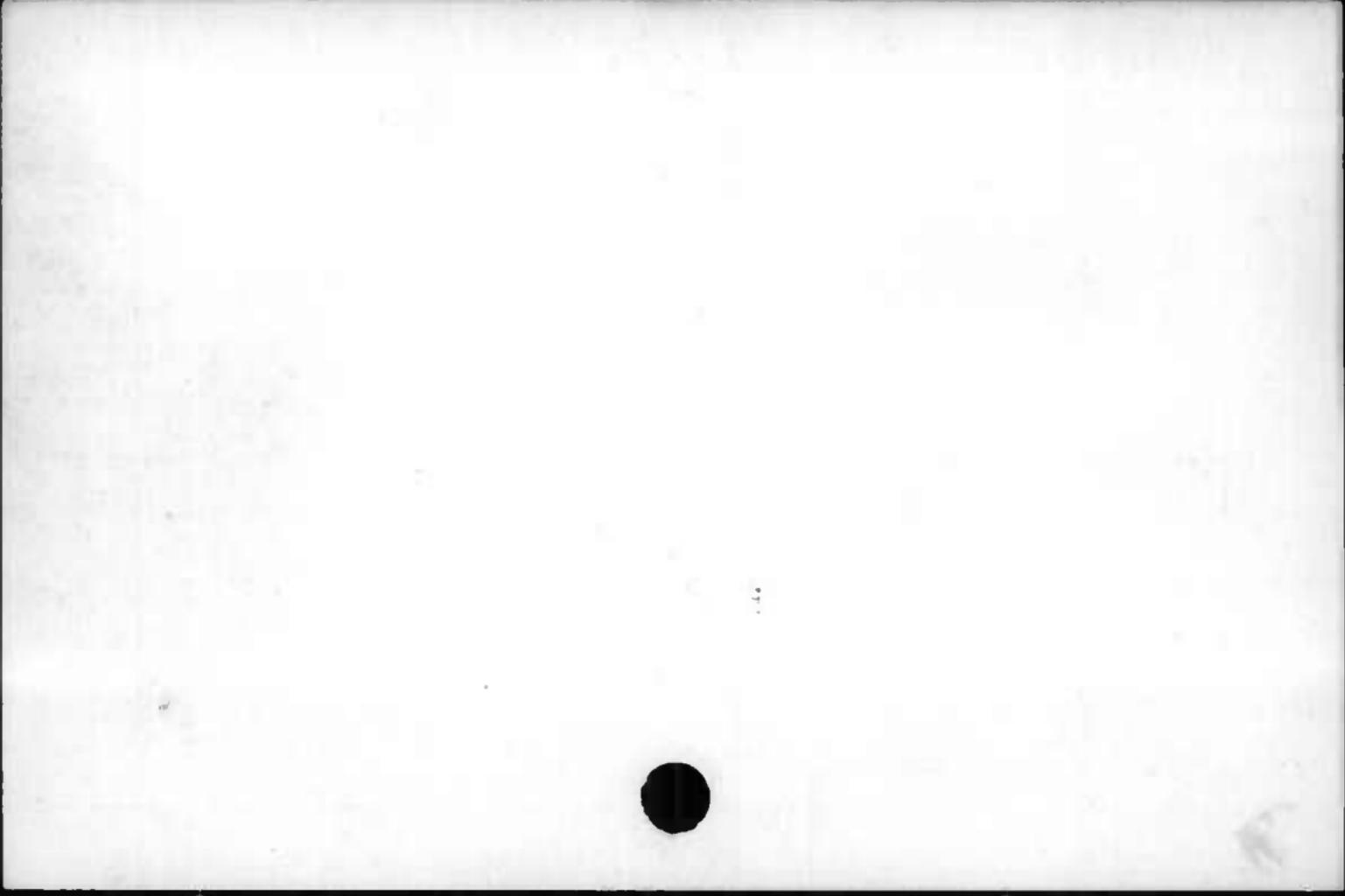
Signature of
Physician

Address

James J. Murphy
E. New Market.

W

Accident or Suicide?



Name
In
Full

James Strawberrys

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Harlock</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death <u>1906 Oct</u>	Month <u>Oct</u>	Day <u>17th</u>	Years <u>one</u>	Months <u>two</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Harlock</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>unknown</u>	Father's Birthplace				
Mother's Maiden Name <u>Elter strawberry</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>James Strawberry</u>	How related to deceased <u>Grand Father</u>				

CAUSES OF DEATH

Primary

Endis Colitis

105

How long

3 weeks

Immediate

down ulcerous

How long

3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

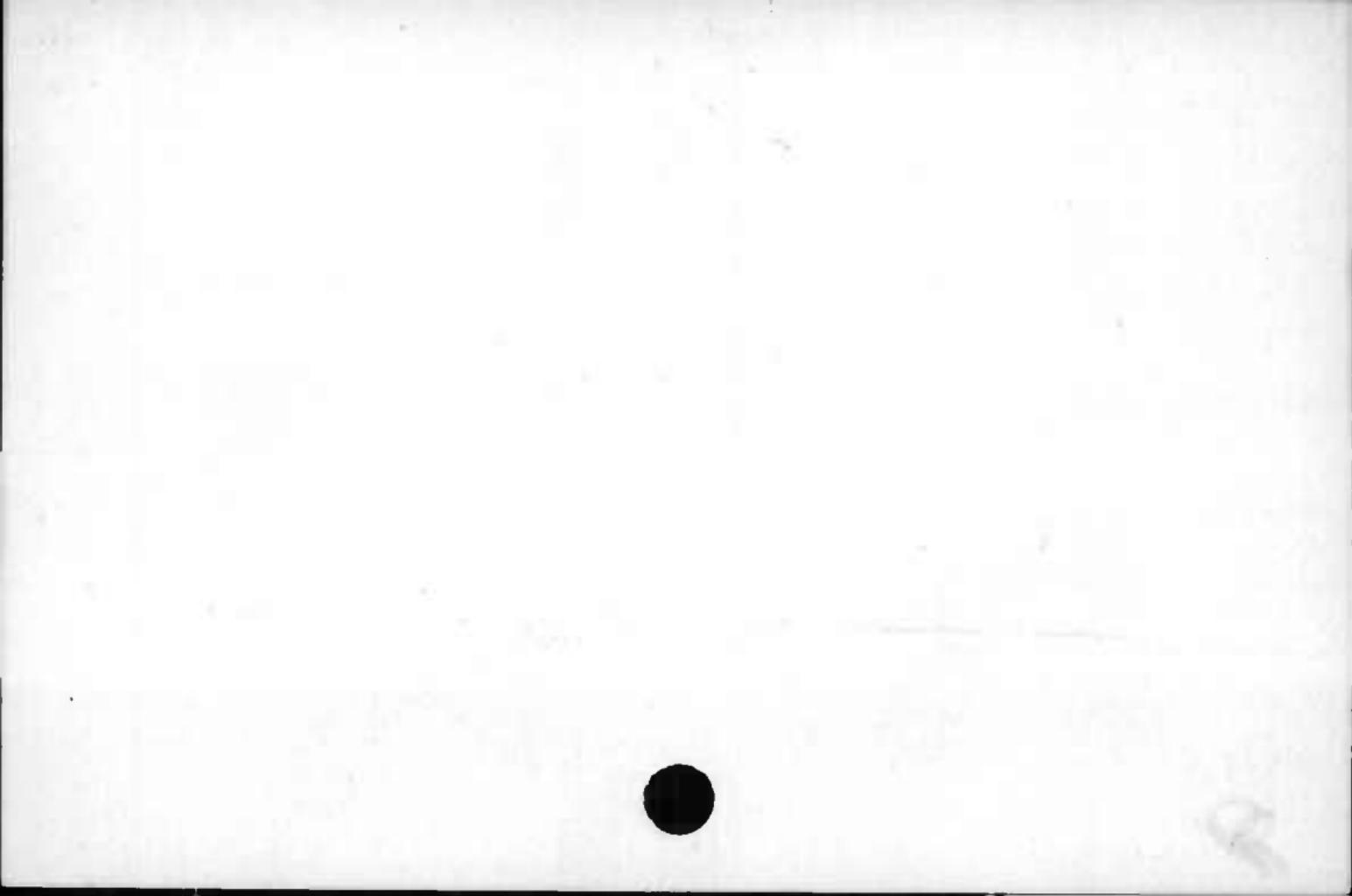
Signature of Physician

Address

John Maguire
Harlock Rd

Accident or Suicide?

J



**Name
in
Full**

Oscar M. Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at		Town		County		State	
Cambridge		Dorchester		Maryland			
Date of death	1906	Month	Oct.	Day	28 th	Years	11
Age		Months	10	Days	9		
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	None	Where Residing if not at place of death			Cambridge "		
Married, Single or Widowed	—	Name of Wife or Husband			—		
Father's Name	Milton Sullivan			Father's Birthplace			Maryland
Mother's Maiden Name	Ida A. Richardson			Mother's Birthplace			"
Name of person giving information	Milton Sullivan			How related to deceased			Father

CAUSES OF DEATH

**PHYSICIAN
OR CORONER**

Primary

Meunigkia (Chloris)

67

How long

ng General Team

Immediate

Conrad

How long

ng
Jurnal day

Are the name, age, sex, color, date
and place correctly given above?

5

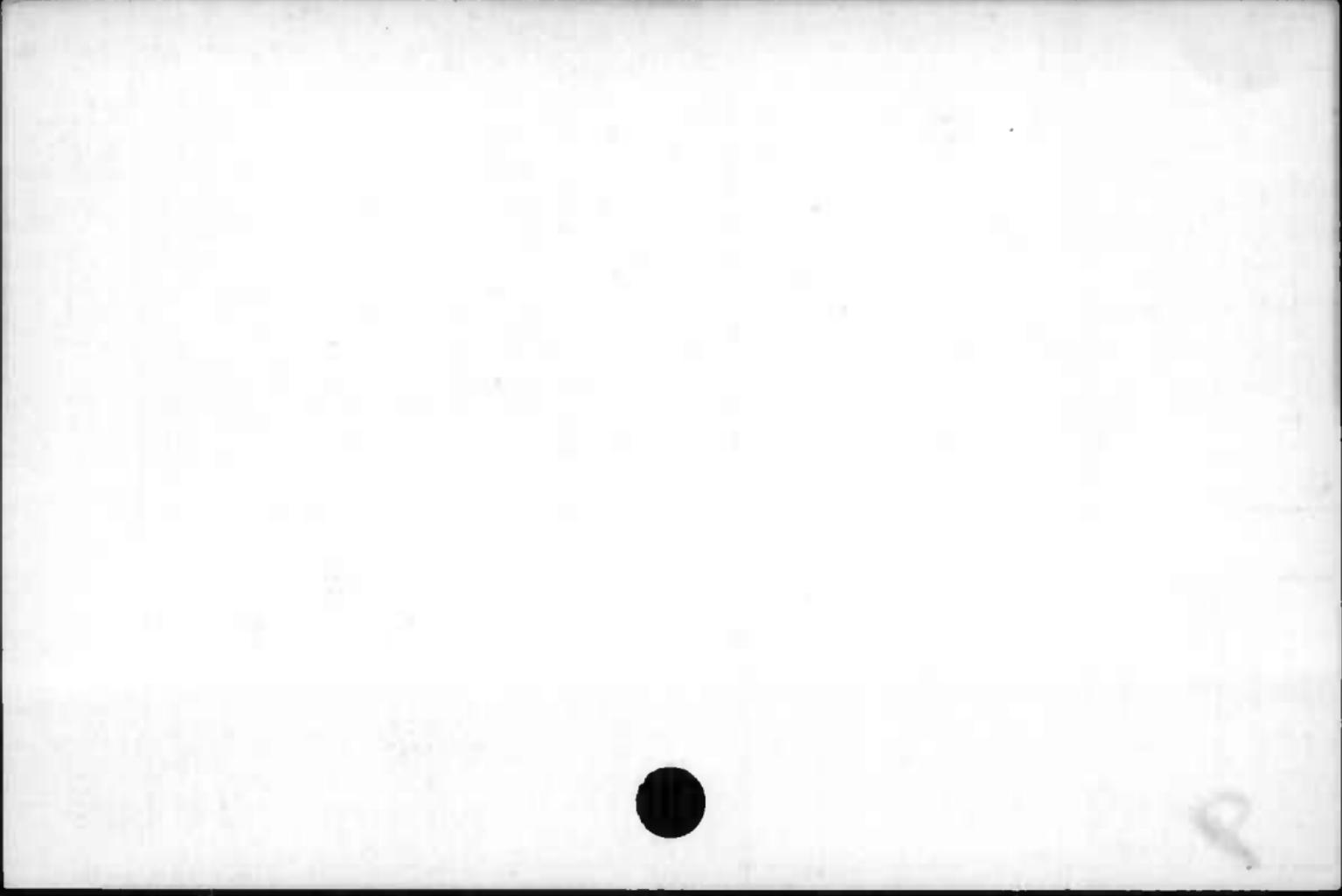
Signature of
Physician

Portola Valley

Address

^s Causing Ma

(Accident or Suicide?)



Name
in
Full

Lena Temple

CERTIFICATE OF DEATH

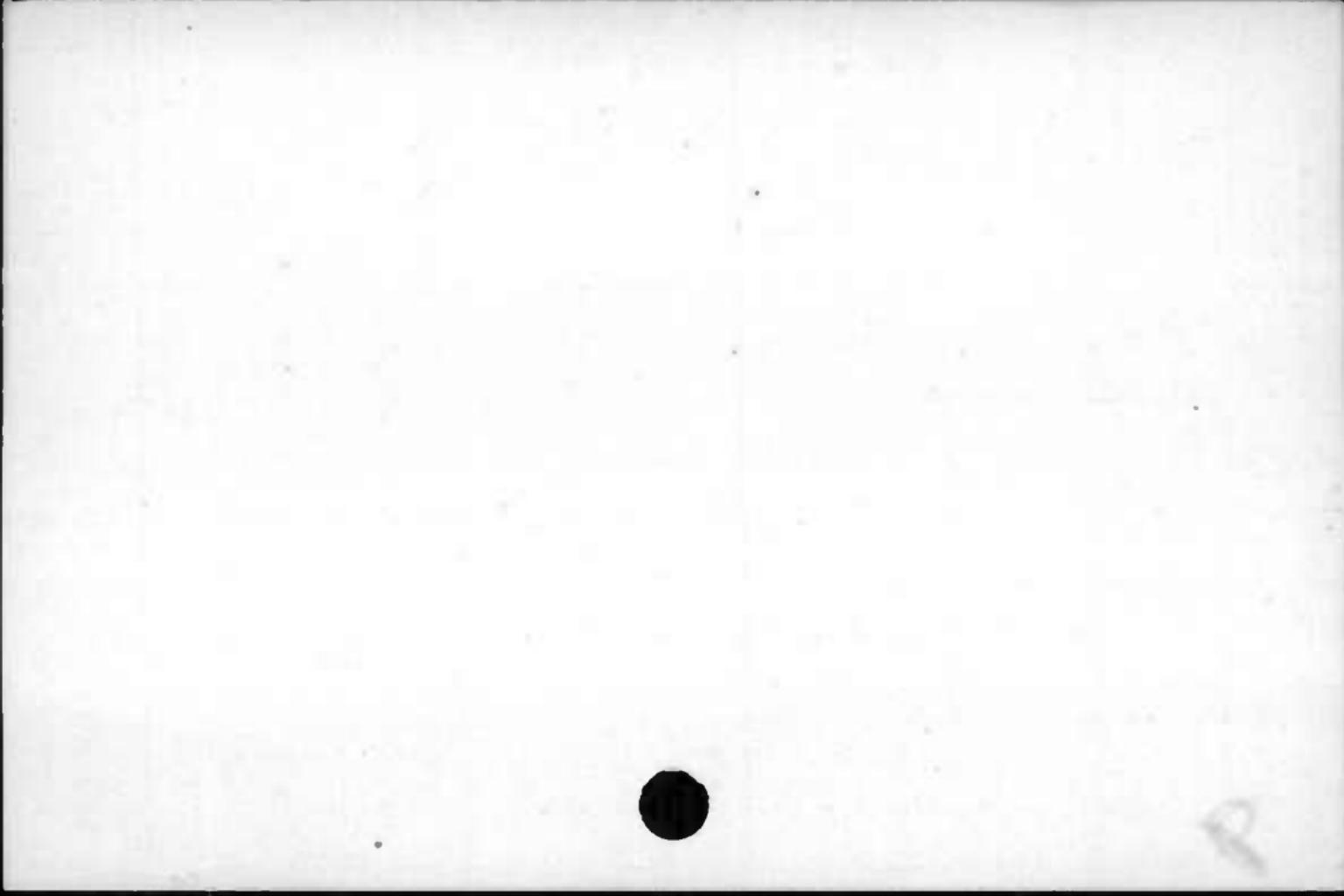
To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aireys</u>		Town		County		MARYLAND	
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>17</u>	Age <u>2</u>	Years <u>2</u>	Months <u>2</u>	Days <u>3</u>	
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Aireys</u>					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Leroy</u>	Father's Birthplace						
Mother's Maiden Name <u>Marie Stanley</u>	Mother's Birthplace						
Name of person giving information <u>Josiah Pind</u>	How related to deceased <u>Not long</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Not known</u>	How long <u>179</u>
Immediate	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Mr. Fox surgeon</u>
	Address <u>did not have any</u>
Accident or Suicide? <u>9</u>	



Name
in
Full

George E. Whaples

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Cambridge</u>		Town	County <u>Dorchester</u>		MARYLAND		
Date of death <u>1906</u>	Month <u>Oct</u>	Day <u>11</u>	Years <u>1</u>	Age <u>1</u>	Months <u>4</u>	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation		Where Residing if not at place of death <u>Cambridge Md</u>	Birth-place <u>Md</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Mary F Whaples</u>	Father's Name <u>George H. Whaples</u>		Father's Birthplace <u>Md</u>	Mother's Name <u>Mary F O'Dwyer</u>		Mother's Birthplace <u>Md</u>
Name of person giving Information <u>Mary F Whaples</u>		How related to deceased <u>Mother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Haemorrhage of internal organs
Secondary Exhaustion from anemia

How long 1 week

Immediate Exhaustion from anemia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

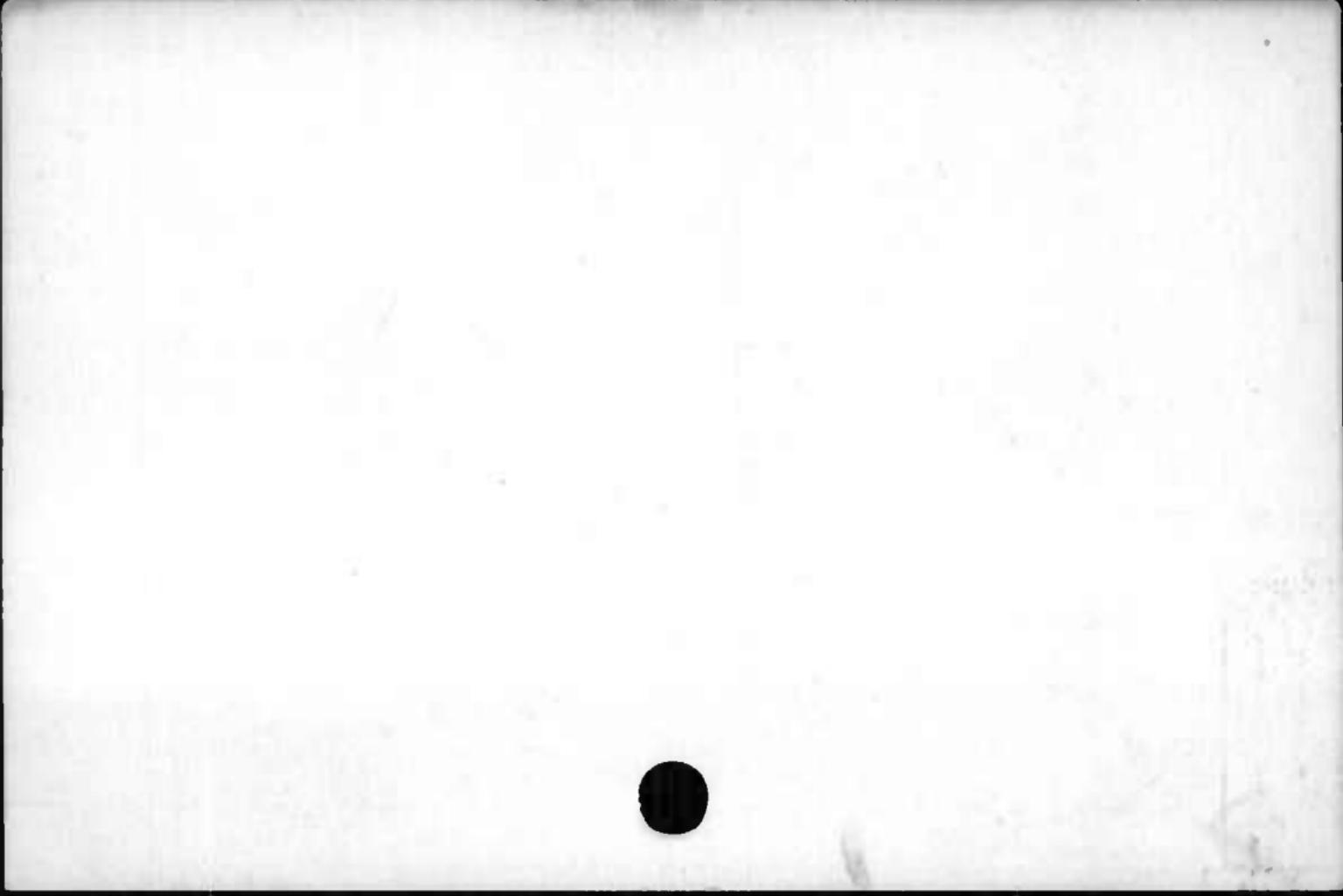
Signature of Physician

George Stiles

Address

Cambridge Md.

Accident or Suicide?



Name
in
Full

Reta Whealby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Galstowry</u>		County <u>Wor</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Oct</u>	Day <u>20</u>	Age <u>5</u> Years	Months <u>6</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Galstowry</u>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Thas H Whealby</u>	Father's Birthplace <u>Galstowry</u>				
Mother's Maiden Name <u>Agusta Simoot</u>	Mother's Birthplace <u>Galstowry</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Dystheria</u>	⑨	How long	<u>5 days</u>
Immediate	<u>Heart Failure</u>		How long	

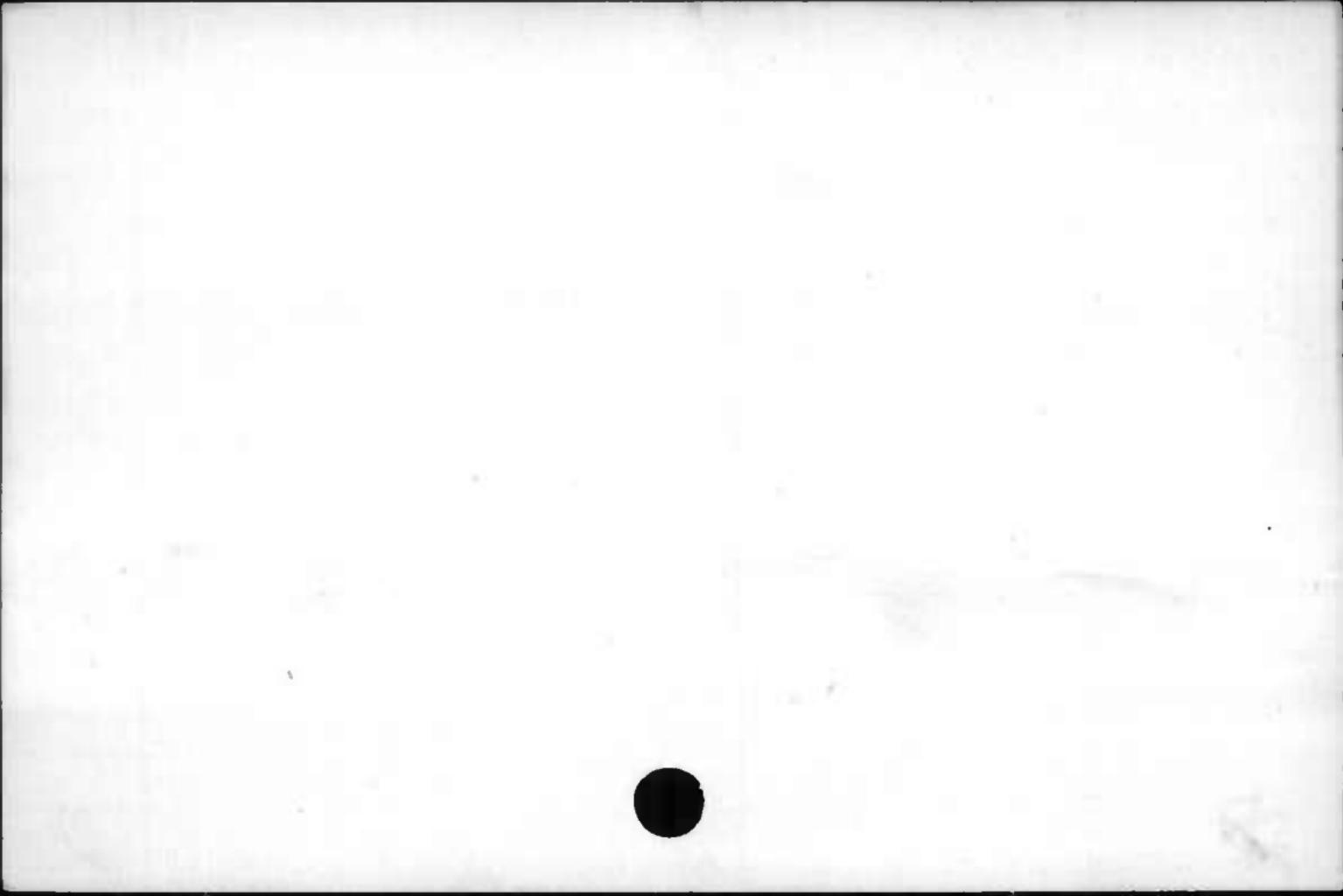
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E P Oster
Galstowry

Address

Accident or Suicide?



Name
in
Full

Hamilton Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1904	Month Oct	Day 16	Years 3	Months 7	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Occupation	None	Where Residing if not at place of death near Leambridge "				
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	Hamilton Willey			Father's Birthplace	Maryland	
Mother's Maiden Name	Edith Lowe			Mother's Birthplace	"	
Name of person giving Information	Hamilton Willey			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pellissi

How long



Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

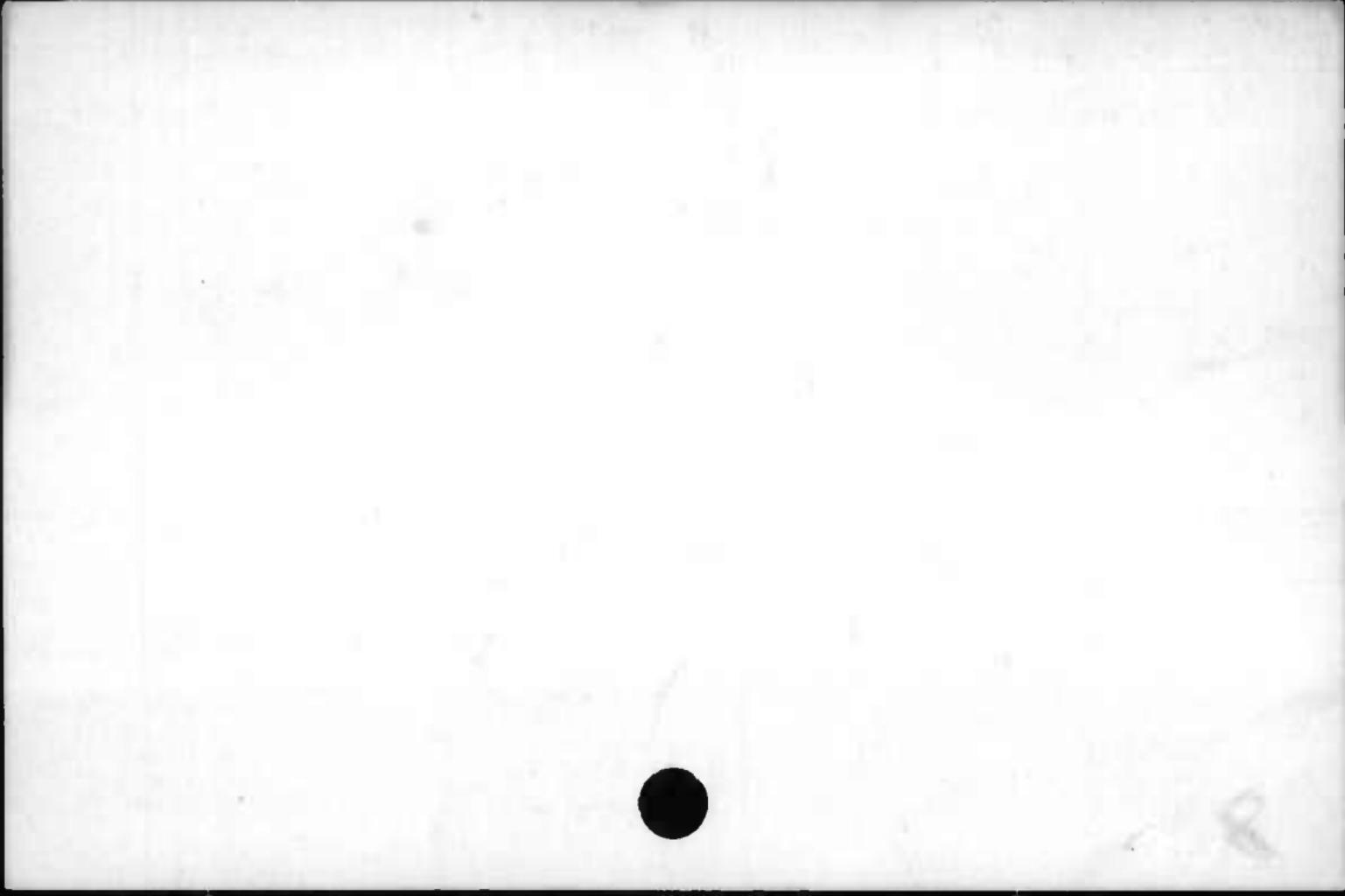
Address

Hamilton Willey & Bro

No Physician in attendance



Accident or Suicide?



Name
in
Full

Mrs Anna L M Wright.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Oct	1	63	2	11
Sex	Female	Color or Race	White	Birth-place	Dorchester Md
Occupation	Housewife			Where Residing if not at place of death	
Married, Single or Widowed	Widowed			Name of Wife or Husband	
Father's Name	John Wherett			Father's Birthplace	
Mother's Maiden Name	Rebecca Wherett			Mother's Birthplace	
Name of person giving information	Walter Wright			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

41

How long

Some months

Immediate

Spasms

How long

Some days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. G. L. Golasbrook

Address

Cambridge, Md

Accident or Suicide?

